SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

FILED
96 AUG -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036182

1. Corporation Name
RINA & ASSOCIATES, INC.

Principal Place of Business
4160 W. 16th Ave
#302
HIALEAH FL 33012

Mailing Address
(same)

8/7

3. Date Incorporated or Qualified: MAY 8, 1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 19711 N.W. 88 AVENUE
22 Suite, Apt. #, etc
23 City & State: MIAMI, FLORIDA
24 Zip: 33015
25 Country: USA

2a. Mailing Address
26 P.O. BOX 822806
27 Suite, Apt. #, etc
28 City & State: SOUTH FLORIDA, FL
29 Zip: 33082
30 Country: USA

4. FEI Number: 65-0586479 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Rina S. Polack
4160 W. 16th Avenue #302
Hialeah, FL 33012

10. Name and Address of New Registered Agent
81 Name: RINA S. POLACK
82 Street Address (P.O. Box Number is Not Acceptable): 19711 N.W. 88 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rina S. Polack
Signature (name of officer/director of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	Rina S. Polack	
STREET ADDRESS	15820 S.W. 140th CT	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	700001916757	
3.2 NAME	-08/12/96--01021--001	
3.3 STREET ADDRESS	****233.75 ****233.75	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rina S. Polack, RINA S. POLACK (PRESIDENT) 8/6/96 (305) 829-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #