SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000042747 (2) DOCUMENT # PHOTOGRAPHY BY FRANK SANCHEZ, INC. Mailing Address Principal Place of Business 1501 S.W.85TH COURT 1501 S.W.85TH COURT **MIAMI FL 33144** MIAMI FL 33144 3a. Date of Last Report 3. Date Incorporated or Qualified 06/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-*0584347* Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Yes No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANCHEZ, FRANK Street Address (P.O. Box Number is Not Acceptable) 1501 S.W. 85TH COURT 82 **MIAMI FL 33144** 83 City 85 Zip Code 84 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NCHS Registered Agent signature required when remulating) Signature type for painted frame of regetered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE V.1 TOTLE TITLE CR2E034 SANCHEZ, FRANK 12 NAME NAME 1501 S.W. 85TH COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 14 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 DITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 7IP CITY - ST - ZIP Change Addition DELETE 3.1 TeTLE TITLE 3.2 NAMI NAME 3 3 STPEFT ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZiP Change Addition DELETE 51 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY - ST - ZIP Change Ad-Jit on DELETE 6 ' TITLE

14. Ido 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)(k). Florida Statutes 1 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 in Block 13 if changed, or on an attachnient with an address.

6.2 NAME

6.3 STREET ADDRESS

64 City - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DITY - \$1 - 718

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96 1305)261-6958