

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000042922
1. Corporation Name
The Black & White, Inc. Miami Rice, Inc
(MIAMI RICE, INC.) - (name change filed by Amendment) N/C 3/12/96 PKB

Principal Place of Business Mailing Address
230174th Street, APT L02 SAME
MIAMI BEACH, Florida 33160

3. Date incorporated or Qualified 6/2/55
3a. Date of Last Report None
4. FEI Number 65-0585629 Applied For Not Applicable
5. Certificate of Status Desired \$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

2. Principal Place of Business 21 230 174th St.
22 Suite, Apt #, etc. APT L02
23 City & State MIAMI BEACH, Florida
24 Zip 33160 25 Country USA
26 230 174th St.
27 Suite, Apt #, etc. APT L02
28 City & State MIAMI BEACH FL.
29 Zip 33160 30 Country USA

9. Name and Address of Current Registered Agent
Robert Gonzalez
3300 N.E. 192 ST. PH-18
MIAMI, FL. 33180

10. Name and Address of New Registered Agent
B1 Name Leonard Hameroff
B2 Street Address (P.O. Box Number is Not Acceptable) 230 174th St
B3 APT L02
B4 City MIAMI BEACH FL B5 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: [Signature] LEONARD HAMEROFF PROS 305-936-8170 2/15/96
DATE: 2/15/96

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|----------------|-----------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|-----------|----------|--------------------|---------------------|--|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

ONE 3/20/96
800001752118
-03/21/96--01022--033
***200.00

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)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] LEONARD HAMEROFF PROS 2/15/96
DATE: 2/15/96 DAYTIME PHONE: 305-936-8170

CR2E034 (12/95)