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 FLORIDA DEPARTMENT OF STATE - CORPORATION **FILED** Sandra B. Mortham ANNUAL REPORT Secretary of State \$ Nov 22 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # P95000048390 (5) MIAMI EQUITIES, INC. Principal Place of Business Mailing Address 79 N. HIBISCUS DR. 79 N. HIBISCUS DR. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSENBERG, T 81 l 79 N. HIBISCUS DR. Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 City 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (3/36) DELETE 1.1 TITLE T. ROSENBERC Change Addition NAME 1.2 NAME 79 NHILDISCUSDRUB F1 33135) STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ___ Change ___ Addition NAME 2.2 NAME 000001957720 -09/26/96--01040--001 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF ****225.00 2.4 CITY - ST-ZIP ****450.00 TITLE DELETE 9.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 14. I do hereby certify that the information supplied further certify that the information indicated on the made under oath; that I am an officer of directs that my name appears in Block 12 or Block 13 if with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I is a noual proof or supplemental annual report is true and accurate and that mysignature shall have the same legal effect as if the conformation or the receiver or trustee empowered to execute this report at required by Chapter 617, Florida Statutes; and on an attachment with an address. SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OF