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 Sandra B. Morthani **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P95000048632 (0) DOCUMENT # **EZ PAGE INC.** Principal Place of Business Mailing Address 12995 SW 189 STREET 12995 SW 189 STREET MIAMI FL 33177 MIAMI FL 33177 3. Date Incorporated or Qualified 3a, Date of Last Report 06/15/1995 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζφ Country 8. This corporation has liability for infangible tax under s. 199 032 Yes No 24 25 29 30 Florida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANGUILY, ARMANDO 12995 SW 189 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** 83 City Zip Code 85 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. Lam familiar with land accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE type the production min of registered agest and title if apply able (NE) III. Registered Agent signature regions twhen reinstating: OFFICERS AND DIRECTORS 12. (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition NAME SANGUILY, ARMANDO 1.2 NAME CR2E034 12995 SW 189 STREET STREET ADDRESS. 1.3 STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP 14 CHY - ST - ZIP DELETE TITLE 2 1 TiTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY - ST - 7P DELETÉ TITLE Change Addition 3.1 THUE NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CHTY ST-7IP DELETE Change Addition TITLE 4.1 TPLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - S1 - ZIP DELETE TITLE 5.1 TITLE Change - Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6 4 CHY - ST - ZIP 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 office endirector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or on an attachment with an address 6/21/96

SIGNATURE: