FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000049955 (4)

1. Corporation Name
MULTIPLEX, INC.

Principal Place of Business
484 SPINNAKER DR.
FT. LAUDERDALE FL 33326

Mailing Address
484 SPINNAKER DR.
FT. LAUDERDALE FL 33326

2. Principal Place of Business
21 3350 SW 27 AVE
Suite, Apt #, etc.
22
City & State
23 COCONUT GROVE, FL.
Zip
24 33133
Country
25 USA

2a. Mailing Address
26 3350 SW 27 AVE
Suite, Apt #, etc.
27
City & State
28 COCONUT GROVE FL.
Zip
29 33133
Country
30 USA

3. Date Incorporated or Qualified
06/27/1995
3a. Date of Last Report

4. FEI Number
65-0591728
☐ 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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: MARK C MAROON
82 Street Address (P.O. Box Number is Not Acceptable): 3350 SW 27 AVE
83
84 City: COCONUT GROVE FL
85 Zip Code: 33133

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 [signature] — 3-1-96
Signature, typed or printed name of registered agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	CHERNACOV, MARTIN	
STREET ADDRESS	484 SPINNAKER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	VD	☑ DELETE
NAME	CHERNACOV, AIDA	
STREET ADDRESS	484 SPINNAKER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	SD	☐ DELETE
NAME	ALOISIO, T. LEE	
STREET ADDRESS	484 SPINNAKER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	TD	☑ DELETE
NAME	PARSEL, MICHAEL	
STREET ADDRESS	484 SPINNAKER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
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	PD	☐ Change ☑ Addition
1 2 NAME	FRED L. TEPPERMAN	
1 3 STREET ADDRESS	3350 SW. 27 AVE	
1 4 CITY-ST-ZIP	COCONUT GROVE, FL. 33133	
2 1 TITLE	VTD	☐ Change ☑ Addition
2 2 NAME	Arba J. Mc Cullough III	
2 3 STREET ADDRESS	3350 SW 27 AVE	
2 4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
3 1 TITLE	VD	☑ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS	3350 SW 27 AVE	
3 4 CITY-ST-ZIP	COCONUT GROVE, FL. 33133	
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		

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 the 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] T. LEE ALOISIO — 3/1/96 — 954 4337557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)