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 CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000057153 (5)**

1. Corporation Name
RHEMA INDUSTRIES INC.

Principal Place of Business	Mailing Address
16165 NW 64 AVE SUITE 134 MIAMI LAKES FL 33014	16165 NW 64 AVE SUITE 134 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 16175 NW 64th Ave	26 16175 NW 64th Ave
22 Suite, Apt. #, etc. #152	27 Suite, Apt. #, etc. #152
23 City & State Miami, FLA	28 City & State Miami, FLA.
24 Zip 33014 25 Country DADE	29 Zip 33014 30 Country DADE

4. FEI Number: 65-0639866 ☐ 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
KENNEDY, ROBERT
16165 NW 64 AVE
SUITE 134
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
81 Name: Kennedy, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 16175 NW 64 Ave
83 #152
84 City: Miami FL 85 Zip Code: 33014

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: Robert Kennedy ROBERT Kennedy 24 JULY 96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when mandated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, ROBERT 16165 NW 64 AVE SUITE 134 MIAMI LAKES FL 33014	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V/D Kennedy, Robert 16175 NW 64th Ave #152 Miami, FL 33014 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIDI, JOSEPH R 40 NE 124 TERR N MIAMI FL 33161	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P/D VIDI, JOSEPH 8925 COLLINS Ave, ADJ 11-H Miami, FL 33154 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T/D HUTTER, CAROL 9108-C SW 19 PL FORT LAUDERDALE FLA 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Kennedy Robert Kennedy V/D 24 JULY 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone Number: 305-595-7779

CR2E034 (3/96)