

**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 <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** PA5000058371  
 1. Corporation Name  
**E-D-N MANAGEMENT CORP**

Principal Place of Business      Mailing Address  
**3625 N COUNTRY CLUB DR Apt 1401**  
**AVENTURA FL 33180-1713**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>7/27/95</b>	3a. Date of Last Report
4. FEI Number <b>65-0603517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Des red <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**ECKARDT NIETERT**  
**3625 N COUNTRY CLUB DR**  
**# 1401**  
**Aventura FL 33180-1713**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 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: Eckardt Nietert **ECKARDT NIETERT** **7-1-96**  
Signature of individual or corporation of registered agent and title (applicable) (If Officer Registered Agent signature required when registering) (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRES</b>	<input type="checkbox"/> DELETE
NAME	<b>ECKARDT NIETERT</b>	
STREET ADDRESS	<b>3625 N COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>AVENTURA, FL 33180-1713</b>	
TITLE	<b>PRES</b>	<input type="checkbox"/> DELETE
NAME	<b>DANIELA NIETERT</b>	
STREET ADDRESS	<b>3625 N COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>AVENTURA, FL 33180-1713</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>600001892636</b>
53. STREET ADDRESS	<b>-07/12/96--01077--010</b>
54. CITY-ST-ZIP	<b>***225.00</b>
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eckardt Nietert **NIETERT ECKARDT** **7-1-96 (305) 932-0661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (TYPE OR PRINT ZIP)

CR2E034 (3/96)