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.) FLORIDA DEPARTMENT OF STATE **PROFIT CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000061563 (9) FINANCIAL ENGINEERS OF AMERICA, INC. Mailing Address Principal Place of Business 21347 HARROW COURT 21347 HARROW COURT **BOCA RATON FL 33433 BOCA RATON FL 33433** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1995 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 65-0609403 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032, Country Country Zφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. CIALE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stignature Type 1 help roted hours, of registered agent and title if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELFTE 1.1 THLE **PSTD** TITLE CR2E034 1.2 NAMI GOTTLIEB, ALLYNE M NAME 1.3 STREET ADDRESS 21347 HARROW COURT STREET ADDRESS 14 CHY - ST - ZiP **BOCA RATON FL 33433** CITY-ST-ZIP Change Addition DELFTE 2.1 TULE TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City ST-ZIP CITY-SI-ZIP Change Addition DELETE 3.1 HTcf TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 4.1 1/1/16 TiTLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP Change Addition CITY - ST - ZIP DELETE 5 1 TIFLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST - ZIP Change Addition CITY - ST - ZIF DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 City - \$1 - 7IP 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 on 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 Right 13 is chapterflow on an III achieved the same officer.

or on an altachment with an address

OFFICER OR DIRECTOR

that my name appears in

0091716

561 894-2535 Daylon Phone #

July 17, 1996