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 Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000065425 (7) MINERVINI COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1105 DUNCAN CIR 1105 DUNCAN CIR #204 #20M PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1995 2. Principal Place of Business
1 829 CRESTVI W Applied For 829 CRESTVIEW CIRCLE CIRCLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required 6. Election Campaign Financing \$5.00 May Be ALDERDALE, Trust Fund Contribution Added to Fees 8. This corporation has fiability for intangible tax under s. 199 032 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MINERVINI, CRAIG 1105 DUNCAN CIR 82 Street Address (P.O. Box Number is Not Acceptable) #204 83 PALM BEACH GARDENS FL 33418 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when religitating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)RESIDENT TITLE DELETE 1.1 TIME Change Addition CRAIG MINERVINI NAME 1.2 NAME 829 CRESTUREN CIPCLE STREET ADDRESS 13 STREET ADDRESS FORT INDERDALL, PL 33327 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELFTE 3177716 Change Addition NAME 3.2 NAMI STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 THTLE Change Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP TITLE DELETE 6 1 TIFLE Change Addition NAME 300001924933 6.2 NAME -08/19/96--01005--005 STREET ADDRESS 63 STREET ADDRESS ***225.00 CITY-ST-ZIP 6 4 CITY - ST - ZIP finition supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I on 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 officer or director by the exporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

SIGNATURE:

14. I do hereby certify that the info further certify that the information made under oath; that I am that my name appears in Bi

SIGNING OFFICER OR DIRECTOR