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 # **P95000069138 (2)**

1. Corporation Name
PESPASA INC.

Principal Place of Business
~~8761 PERIMETER PARK BLVD., STE. 201~~
~~JACKSONVILLE FL 32216~~

Mailing Address
~~8761 PERIMETER PARK BLVD., STE. 201~~
~~JACKSONVILLE FL 32216~~

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report
4. FEI Number — 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 filed its intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 500 SOUTH 3RD ST.
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE BEACH FL
Zip
24 32250
Country
25 U.S.

2a. Mailing Address
26 500 SOUTH 3RD. ST.
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE BCH FL
Zip
29 32250
Country
30 U.S.

9. **Name and Address of Current Registered Agent**
DARABI, FARZIN
~~8761 PERIMETER PARK BLVD., STE. 201~~
~~JACKSONVILLE FL 32216~~

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 SOUTH 3RD STREET
83
84 City: JACKSONVILLE BEACH FL 85 Zip Code: 32250

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] 7/31/96
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DARABI, FARZIN	
STREET ADDRESS	159 11TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	[ ] DELETE
NAME	DARABI, FRANK	
STREET ADDRESS	730 N. WALDO RD., STE. A	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	[ ] DELETE
NAME	PARTOW, RAMIN	
STREET ADDRESS	335 11TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	[ ] DELETE
NAME	BEL, DAVID	
STREET ADDRESS	~~8761 PERIMETER PARK BLVD., STE. 201~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32216~~	
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		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[X] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS	500 SOUTH 3RD STREET	
4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
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] 7/31/96 904-241-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (3/96)