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 # P95000069291 (9)

1. Corporation Name

PURPLE HURRICANE INC.

Principal Place of Business: ~~7024 SW 87TH AVENUE MIAMI FL 33173~~

Mailing Address: ~~7024 SW 87TH AVENUE MIAMI FL 33173~~

The business is closed at this time will reopen

2. Principal Place of Business
21 IN OTHE LOCATION IN A
Suite, Apt #, etc
22 Few MONThs
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8730 S.W. 154th Circle Pl.
Suite, Apt #, etc
27
City & State
28 MIAMI. FLA.,
Zip 29 33193 Country 30 USA

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report:
4. FEI Number: NO SALARIES ☐ 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

BOSCH-DUBROCA, EMILIO M SR
~~7024 SW 87TH AVENUE~~ 8730 S.W. 154th Cir: PL.
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Emilio M. Bosch-Dubroca SR. [signature] DATE 7/9/96

12. OFFICERS AND DIRECTORS

TITLE	PDD	☐ DELETE
NAME	BOSCH-DUBROCA, EMILIO M JR	
STREET ADDRESS	4413 S KIRMAN RD F-111	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	☐ DELETE
NAME	BOSCH-DUBROCA, MARIA E	
STREET ADDRESS	~~7024 SW 87TH AVENUE~~ (203) 6082 WestGate DR.	
CITY-ST-ZIP	~~MIAMI FL 33173~~ ORLANDO, FL, 32835	
TITLE	TD	☐ DELETE
NAME	BOSCH-DUBROCA, EMILIO M SR	
STREET ADDRESS	~~7024 SW 87TH AVENUE~~ 8730 SW 154th Cir. PL.	
CITY-ST-ZIP	~~MIAMI FL 33173~~ MIAMI, FL, 33193	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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: [signature] Emilio M. Bosch Dubroca SR. 7/9/96 305-382-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR