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.) APPROVED AND FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 1996 SEP -3 AH 11: 15 DIVISION OF CORPORATIONS **DOCUMENT #** P95000071386 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA SUIT YOURSELF, INC. Principal Place of Business Mailing Address 4230 NW 128TH STREET 4230 NW 128TH STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1995 Principal Place of Business 2. 2a. Mailing Address 4. FELN 21 Applied For 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Żip Added to Fees Country 8. This corporation has liability 24 ingible tax under s. 190 032 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MELLUL, EDWARD S **4230 NW 128TH STREET** Street Address (P.O. Box Number is Not Acceptable) OPA LOCKA FL 33054 83 84 City 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 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicabile (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (96/8)DELETE 1.1 TITLE Change Addition NAME MELLUL, EDWARD S 1.2 NAME CR2E034 4230 NW 128TH STREET STREET ADDRESS 1.3 STREET ADDRESS OPA LOCKA FL 33054 CITY - ST - ZIP 1.4 CITY - ST - 2IP TITLE DELETE 2 1 TITLE Change Addition NAME TABARES; AMBROSIO 2.2 NAME 151-171 S.E. 107H AVENUE STREET ADDRESS **400001945**064 -09/11/96--01093--013 23 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 2 4 CITY - S1 - 7IP TITLE DELETE 3 1 TIFLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-SI-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIF TETLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TrTLF Change NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

6.4 CiTY - ST - ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96 ×305)687-6444

14. To 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 1 made under oath, that I am an officer or director of the copporation 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 it plagged from an attachment with an address. SIGNATURE: