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

APPROVED AND FILED
1997 JAN 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072132 (0)

1. Corporation Name
OLD TOWN INVESTMENT, INC.

Principal Place of Business	Mailing Address
~~782 N.W. LEJEUNE ROAD~~ ~~#550~~ MIAMI FL 33126	~~782 N.W. LEJEUNE ROAD~~ ~~#550~~ MIAMI FL 33126

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: 1995

2. Principal Place of Business	2a. Mailing Address
21 12260 SW 8 ST	26 8480 SW 94 ST
Suite, Apt. #, etc. 22 Suite 224	Suite, Apt. #, etc. 27 /
City & State 23 Miami FLA	City & State 28 Miami FLA
Zip 24 33184 Country 25 USA	Zip 29 33156 Country 30 USA

4. FEI Number: 65-0641145 ☐ 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	10. Name and Address of New Registered Agent
DE VILLEGAS, ELENA D 782 N.W. LEJEUNE RD. #550 MIAMI FL 33126	81 Name: Elena Diaz de Villegas 82 Street Address (P.O. Box Number is Not Acceptable): 12260 SW 8 Street 83 Suite 224 84 City: Miami FL 85 Zip Code: 33184

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: Elena Diaz de Villegas Elena Villegas DATE: 9/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEMAN, ARMANDO J 8480 S.W. 94TH ST. MIAMI FL 33156	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 9/5/96 1/30/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE VILLEGAS, ELENA D 8480 S.W. 94TH ST. MIAMI FL 33156	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002076143--0
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	-02/03/97--01086-003 ☐ Change ☐ Addition ****375.00 ****375.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Elena Diaz de Villegas Elena Villegas 9/5/96 4489400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #