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.) 10F2 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000073409 (1) **DOCUMENT #** ROUTES OF AMERICA, INC. Principal Place of Business Mailing Address % LAD.201 S. BISCAYNE BOULEVARD % LAD.201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTER 1600 MIAMI CENTER MIAMI FL 33131 MIAM FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 09/22/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desireo Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199 032 Zιρ Z<sub>1</sub>D Country Yes No 29 Florida Statutes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTER 400001889384 83 **MIAMI FL 33131** -07/10/96--01033--**998** 84 Спу \*\*\*225.00 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 appendiment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Segmenter typed or printed name of registered agent and title it as plication (t.CrTs, in general Agent signature required when remalating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE THUE TITLE Ormeno Caprera, Joaquin U. 1.2 NAME NAME 320 Atlantic Road 13 STREET ADDRESS STREET ADDRESS Key Biscame, FL 33149 L4 CITY - ST - ZIP CITY-ST-ZIP X Change - Addit:on DELETE 2.1 1111.8 TITLE 2.2 NAME Ormeno Malone, Luis J. 2.3 STREET ADDRESS 320 Atlantic Road STREET ADDRESS 2 4 CITY - ST - ZIP Key Biscayne, FL 33149 CITY-ST-ZIP Change DELETE 3.1 TITLE TITLE 3.2 NAME Ormeno Malone, Julio C. NAME 3 3 STREET ADDRESS 320 Atlantic Road STREET ADDRESS 3.4. CITY+ST+7IP Key Biscayne FL 33149 CITY - S1 - ZIP Change 🗴 Addition DELETE 4 1 TITLE TITLE 4 2 NAME Ormeno Malone, Cecilia M. 320 Atlantic Road 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP Key Biscayne, FL 33149 CITY-ST-ZIP Change 😾 Addition DELETE 5 I TITLE TITLE Mestanza Cueva, Roque 5.2 NAME NAME 1282 Chalkstone Avenue 5.3 STREET ADDRESS STREET ADDRESS Providence, RI 02908 5.4 CHY - \$1-21P CHTY - ST - ZIP Change 🗶 Addition DELETE 6111116 TITLE Ormeno Malone, Mercedes I. 6.2 NAME NAME 320 Atlantic Road 6.3 STREET ADORESS. STREET ADDRESS

14. Lido 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 forporation or the reflexivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name species is Place 123 or the analysis of the proporation or the reflexivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name species is Place 123 or the proporation or the reflexivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name species is the proporation or the reflexivor or trustee empowered to execute this required by Chapter 617, Florida Statutes, and that my name species is the proporation of the proporation or the reflexivor or trustee empowered to execute this required by Chapter 617, Florida Statutes, and the proporation of the reflexivor or trustee empowered to execute this required by Chapter 617, Florida Statutes. that my name appears in F

64 CiTY - ST - ZIP

SIGNATURE: L

CITY-ST-ZIP

, President

Key Biscayne, FL

33149

(3.6)

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## ATTACHMENT TO ANNUAL REPORT OF ROUTES OF AMERICA, INC.

Additional Director of Routes of America, Inc.

Maria del Rosario Ormeno Malone 320 Atlantic Road Key Biscayne, FL 33149