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 # **P95000081395 (2)**

1. Corporation Name
COSTA RICAN ADVENTURES, INC.

Principal Place of Business
1313 N.E. 125TH
NORTH MIAMI FL 33161

Mailing Address
1313 N.E. 125TH
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: **10/20/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 13225 Biscayne Blvd Ten.
Suite, Apt. #, etc
22
City & State
23 North Miami, Fla.
Zip 24 33181
Country 25 USA

2a. Mailing Address
26 13225 Biscayne Blvd Ten.
Suite, Apt. #, etc
27 ~~Apt~~
City & State
28 North Miami Fla.
Zip 29 33181
Country 30 USA

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BROOKS, MICHAEL J
626 N.E. 124TH ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name: Stephen Brooks
82 Street Address (P.O. Box Number is Not Acceptable): 13225 Biscayne Blvd Ten.
83
84 City: N. Miami FL 85 Zip Code: 33181

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: Stephen R. Brooks — Signature, type or print name of Registered Agent and title, if applicable — (NOTE: Registered Agent signature required when resigning) — DATE: 6-25-96

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	Stephen R. Brooks
STREET ADDRESS	13225 Bisc. Blvd Ten
CITY-ST-ZIP	N. Miami Fla 33181
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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: Stephen R. Brooks — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6-25-96

CR2E034 (3/96)