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.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000085117 (6) ARRIANA UNIVERSAL INC. Mailing Address Principal Place of Business 14629 S.W. 104TH STREET #105 14629 S.W. 104TH STREET #105 MIAMI FL 33186 MIAMI FL 331R6 3a. Date of Last Report Date Incorporated or Qualified 11/03/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite Apt #, etc 5. Certificate of Status Desired Fee Required Suite, Apt #. etc 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s 199 032. 23 Country Yes No Zip Florida Statutes 25 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent GAINES, MORRIE Street Address (P.O. Box Number is Not Acceptable) 82 14629 S.W. 104TH STREET #105 MIAMI FL 33186 83 85 Zip Code 84 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. Ehereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, type for percent same of signated a permanditible if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1 I TITLE D TITLE 1.2 NAME GAINES, MORRIE NAME 1.3 STREET ADDRESS 14629 S.W. 104TH STREET #105 STREET ADDRESS 14 CHTY - ST- ZIP Change Addition **MIAMI FL 33186** CITY-ST-ZIP DELETE 2.1 Tillet TITLE 22 NAME GAINES, MARK NAME 2.3 STREET ADDRESS 14629 S.W. 104TH STREET #105 STREET ADORESS 2 4 CHY - ST - ZIP Change Addition MIAMI FL 33186___ CITY - S1 - ZIP DELETE 3.1 HFCE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY -ST - ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5.1.10TuE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-2IP 6 1 TITLE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fling 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 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 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 further certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I