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 # P95000087648 (8)

1. Corporation Name

EDUMA CORP.

Principal Place of Business: 8216 WEST FLAGLER STREET, MIAMI FL 33144

Mailing Address: 8216 WEST FLAGLER STREET, MIAMI FL 33144

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0631169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No NO.

9. Name and Address of Current Registered Agent

~~ALVAREZ, CARLOS L~~
~~8216 WEST FLAGLER STREET~~
~~MIAMI FL 33144~~
Delete.

10. Name and Address of New Registered Agent

81 Name: Domingo A. Alvarez
82 Street Address (P.O. Box Number is Not Acceptable): 8216 W. Flagler Street
83
84 City: Miami FL 85 Zip Code: 33144

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 [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — 6/11/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ALPETER, HUGH	N/A
STREET ADDRESS	P.O. BOX 456	
CITY-ST-ZIP	BATH OH 44210	
TITLE	VD	[X] DELETE
NAME	ALVAREZ, CARLOS L	
STREET ADDRESS	4254 S.W. 129TH PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SDT	[X] DELETE
NAME	ALVAREZ, MIGUEL D	
STREET ADDRESS	2451 S.W. 118TH COURT	
CITY-ST-ZIP	MIAMI FL 33175	
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	Secretary/Treasurer	☐ Change [X] Addition
2.2 NAME	Domingo A. Alvarez	
2.3 STREET ADDRESS	8216 W. Flagler Street	
2.4 CITY-ST-ZIP	Miami, FL. 33144	
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		

7/22

Bank deposit $233.75

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: [signature] Domingo Alvarez — 6/11/96 — 305-227-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #