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 # P95000090755 (6)

1. Corporation Name

PROTOTYPE, INC.

Principal Place of Business
6830 INDIAN CREEK DRIVE. #8B
MIAMI FL 33141

Mailing Address
6830 INDIAN CREEK DRIVE. #8B
MIAMI FL 33141

3. Date Incorporated or Qualified: **11/29/1995**
3a. Date of Last Report: N/A

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: 65-0633289 — 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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
83
84 City **FL** 85 Zip Code

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 ____________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	RAYNER, KIMBERLY	1.2 NAME	RAYNER, STEFAN
STREET ADDRESS	6830 INDIAN CREEK DRIVE, #8B	1.3 STREET ADDRESS	6830 INDIAN CREEK DRIVE, #8B
CITY-ST-ZIP	MIAMI FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH; FL; 33141
TITLE	DIRECTOR (SEE 4.1 (13)) ☐ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	RAYNER, STEFAN	2.2 NAME	RAYNER, STEFAN
STREET ADDRESS	6830 INDIAN CREEK DRIVE, #8B	2.3 STREET ADDRESS	6830 INDIAN CREEK DRIVE, #8B
CITY-ST-ZIP	MIAMI, FL, 33141	2.4 CITY-ST-ZIP	MIAMI BEACH; FL; 33141
TITLE	DIRECTOR (SEE 5.1 (13)) ☐ DELETE	3.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	RAYNER, ROBERT	3.2 NAME	RAYNER, STEFAN
STREET ADDRESS	15 DORIS STR. - BELL HOUSE	3.3 STREET ADDRESS	6830 INDIAN CREEK DRIVE #8B
CITY-ST-ZIP	KENSINGTON; TVL; 2094; S.AFRICA	3.4 CITY-ST-ZIP	MIAMI BEACH; FL; 33141
TITLE	DIRECTOR (SEE 6.1 (13)) ☐ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	COGHLAN, ELIZABETH	4.2 NAME	RAYNER, STEFAN
STREET ADDRESS	6725 HARDING AVE, #406	4.3 STREET ADDRESS	6830 INDIAN CREEK DRIVE, #8B
CITY-ST-ZIP	MIAMI BEACH, FL, 33141	4.4 CITY-ST-ZIP	MIAMI BEACH; FL; 33141
TITLE	☐ DELETE	5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		5.2 NAME	RAYNER, ROBERT
STREET ADDRESS		5.3 STREET ADDRESS	15 DORIS STR. - BELL HOUSE -
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KENSINGTON; TVL; 2094; SOUTH AFRICA
TITLE	☐ DELETE	6.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		6.2 NAME	COGHLAN, ELIZABETH
STREET ADDRESS		6.3 STREET ADDRESS	6725 HARDING AVE, #406
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI BEACH; FL; 33141

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: Kimberly Rayner — 8/5/96 — (305) 866-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)