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 # **P95000093688 (6)**

1. Corporation Name
"9330 CORPORATION"

Principal Place of Business	Mailing Address
2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134	2151 LE JEUNE ROAD SUITE 309-A CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **12/11/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9330 N.W. 17 Ave	26 15755 N.W. 27 Place
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Miami, Fla.	28 City & State: Opa Locka, Fla.
24 Zip: 33147 25 Country: Dade	29 Zip: 33054 30 Country: Dade

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

PAIGE, ROBERT E
2151 LE JEUNE ROAD
SUITE 309-A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Sylvia C. Moore
82 Street Address (P.O. Box Number is Not Acceptable): 15755 N.W. 27 Place
83
84 City: Opa Locka, **FL** 85 Zip Code: 33054

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: Sylvia C. Moore — DATE: 7/5/96
(Signature for the corporation submitting this statement and title, if applicable) (NOTE: Registered Agent's signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ ☐ DELETE	11 TITLE	P ☒ Change ☐ Addition
NAME	~~PAIGE, ROBERT E~~	12 NAME	Sylvia C. Moore
STREET ADDRESS	~~% 2151 LE JEUNE ROAD SUITE 309-A~~	13 STREET ADDRESS	15755 N.W. 27 Place
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	14 CITY-ST-ZIP	Opa Locka, Fla. 33054
TITLE	☐ DELETE	21 TITLE	T/S ☒ Change ☐ Addition
NAME		22 NAME	Daniel C. Moore
STREET ADDRESS		23 STREET ADDRESS	19515 N.W. 14 Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, Fla. 33169
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sylvia C. Moore Sylvia C. Moore 7/5/96 470-5156 (Thru July 621-6506)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #