SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT BUE ON OR BEFORE 09/30/98: \$550. (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 2000 00 APR 27 PM 4: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 0626464 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip □ No Yes. 30 Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change Addition 1.1 DILE TITLE 12 NAME NAME HLBERTO #106 000003248660--9111 SW 122 AVE 13 STREET ADDRESS STREET ADDRESS -05/11/00--01080--011 1.4 CITY - ST - ZIP CITY-ST-ZIP ****150.00 **__b*****15**___A_6**66 DELETE 2.1 TITLE TITLE 2 2 NAME NAME WOBE, LUISF 2 3 STREET ADDRESS STREET ADDRESS 9001. 2. 4 CITY-ST-ZIP YIAMII CITY-ST-ZIF Addition ☐ Change ■ DELETE 3 1 TITLE TITLE COEN OSCAR 1688 WEST A 3.2 NAME NAME 4 # / 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 41 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP

officer or director of the corporation of the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my no Block 12 or Block 13 if changed, or on in attachment with an address

IGNATURE:

4-26-00

607, Florida Statutes; and that my no Block 12 or Block 13 if changed, or on in attachment with an address

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 outrustee empowered to greater this report as required by Chapter 607, Florida Statutes; and that my name appears in

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