SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000095844 (3) HASAN X INVESTMENT, INC. Principal Place of Business Mailing Address 4107 ROLLING SPRINGS DRIVE 4107 ROLLING SPRINGS DRIVE TAMPA FL 33624 TAMPA FL 33624 3. Date incorporated or Qualified 3a. Date of Last Report 12/19/1995 Principal Place of Business Mailing Address 4. FELNumbe 21 Applied For 26 Suite, Apt. #, etc. Not Applicable Suite, Apt #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Zip Added to Fees Country 24 8. This corporation has liability for intangible tax under s 199.032 25 29 30 9. Name and Address of Current Registered Agent Florida Statutes Yes No 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 ROLLING SPRING DR 83 FL 336294 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 agent, or both, in the State of Florida Such change was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered sharps a proposal statute. RIFAT ed agent and title if applic ab 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE (3/96) DELETE 1.1 THE NAME HASAN, RIFAT Change Addition 1.2 NAME 4107 ROLLING SPRINGS DRIVE STREET ADDRESS CR2E034 13 STREET ADDRESS TAMPA FL 33624 CITY - ST - ZIP 14 CITY - ST-ZIP TITLE DELETE 2 1 TiTLE NAME Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP TITLE DELETE 3 1 THILE NAME Change Addition 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 THILE NAME Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5 1 TITLE NAME Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City - ST - ZiP TITLE DELETE 6.1 III.E NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND WPED OR PRINTED NAME OF SIGNATURE OFFICER OF DRECTOR N

6-19-96 813-9635882