FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 00.0 Jan 27 1998 8:00am F STATE FLORIDA DEPARTMEN **CORPORATION** Sandra B. Mor ANNUAL REPORT Secretary of St Secretary of State DIVISION OF CORPO ATIONS 1998 P95000097742 (7) DOCUMENT # THE MEMORY MAN, INC. Principal Place of Business Mailing Address 7225 NW 25 ST 7225 NW 25 ST Suite 300 SUITE 300 DO NOT WRITE IN THIS SPACE MIAMI FL 33122 MIAMI FL 33122 US 3. Date Incorporated or Qualified 12/28/1995 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0629300 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OREMAN, JAY 2211 SW 27 TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE OREMAN, JAY 1.2 NAME NAME **2211 SW 27 TERRACE** 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** 1.4 CHY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 THTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STHEFT ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

~ 1/20 Kd. 305-414-4149

Change

Addition