SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

CITY-ST-ZIP

SIGNATURE:

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750). PROFIT FLORIDA DEPARTMENT OF STATE ._eORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT ~7 PM 12: 45 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000022549 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA KRS PUBLISHING, INC. Principal Place of Business Malling Address 5005 COLLINS AVENUE 5005 COLLINS AVENUE #1518 #1518 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0650959 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible Yes 25 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SMEDVIG. ROLF Smedvia 01 1444 BISCAYNE BLVD: 82 SUITE 220 83 MIAMLFL 33132 84 City Beach Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of **cha**nging 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. TITLE 1.5 TITLE DELETE __ Change ___ Addition SMEDVIG, ROLF 1.2 NAME NAME 5005 COLLINS AVE. #1518 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 000002666140 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDR 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE ■ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 districts 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 her effective or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or participant with an address.

Dear Florida Dept. of Corp.

My New Book keeper sent me this today. Enclosed please find my . Check for \$150.00 for File Fee. I did not receive a Linst Notice My old Book Keeper hoved to Colorado and took everything ceifn him. I will Dot have fris problem in the Future and any accountant is working on our fax papers right blow Please Do Not Dissolve fue Corp. tel. 413.232.8517

Rolf Smedvig Rolf Smed S