SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 98 MAR 18 PM 12: 46 P96000045499 (6) DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA D & L BURSTYN CORP. Principal Place of Business Mailing Address 1120 COLLINS AVENUE 1120 COLLINS AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>05/21/1996</u> 20. Mailing Address Wins Avenue 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing aach, MIAMI 23 Added to Fees Trust Fund Contribution Country Country U.S Zip Zφ This corporation owes or has paid the current year Intangible 33140 30 Yes Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 REKANT, KENNETH N P.A. DUTE KAUGMAN 169 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) 82 せてに **SUITE 208** MIAMI BEACH FL 33139 83 84 CityM14M1 Zip Code 85 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 ranse of registros agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 1.1 TITLE Change TITLE ۲/D □ DELETE Addition David Burstyn 1.2 NAME ELIB Collins Ave الكره (قالانم STREET ADDRESS 1.3 STREET ADDRESS MIAMIBERCH, FL 33140 MIGHT BEACH FO 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 700002462747--6 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP -03/20/98--01003ige 049 Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME ****900.00 ****900.00 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do 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 exemptation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 at Block 13 if changed, or on an attachment with an address.

3-10-78 (305)997-6094