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

**FILED** Jul 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000049841 (5) LITTLE PANTHER, INC. Principal Place of Business Mailing Address 304 FORESTERIA DŘÍVE 304 FORESTERIA DRIVE LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1996 2. Principal Place of Business 13811 Boan Za Circle 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0673348 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired POROX 12607 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Lake Park Florida 28 Trust Fund Contribution Added to Fees 33403 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No Country Palmech 28 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 85 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: Registered Agent signature required when reinstaling) DATE (2/38)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD TITLE 5.1 TITLE DELETE Change Addition CR2E034 ( SERRANO, PATRICIA B 1.2 NAME NAME 304 FORESTERIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL 33403 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 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Addition \_\_\_ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Addition NAME 42 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition 5.2 NAME NAME

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.

DELETE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 City-ST-ZIP 6.1 TITLE

6.2 NAME

Change Addition