## 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.)

Aug 04 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 P96000096141 (2) DOCUMENT # INFUSTAT INC. Principal Place of Business Mailing Address 2445 S.W. 28 STREET 2445 S.W. 28 STREET COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/20/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 21 1840 Coral 65-0725242 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 203 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Florida Miami  $\Box$ Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 33145 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TELLECHEA, ALBERT 2445 S.W. 28 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 84 City 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 Statutof Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amilian with, grid accept the objection 607.0505, Florida Statutes. SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4397 DELETE Change Addition TITLE 1.1 TITLE Tellechea NAME 28 Street STREET ADDRESS 1.3 STREET ADDRESS 33133 DELETE CITY-ST-ZIP 1.4 CITY - ST-ZIP Change Addition TITLE 2.1 TrTLE IN BRIZUELA NAME 2.2 NAME SW 154 Court 2.3 STREET ADDRESS STREET ADDRESS FI 33185 CITY-ST-ZIP 2.4 CITY-ST-ZIP TREASURER DELETE Addition Addition TITLE 3.1 TITLE NAME logoo sw us street STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 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 6.4 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 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.

FILED