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).

SIGNATURE

FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 DEC -7 PM 5: 05 DOCUMENT # P97000030663 (3) SECRETARY OF STATE TALLAHASSEE, FLORID MR. PAELLA, INC. Principal Place of Business Mailing Address 8833 SOUTHWEST 59TH STREET 8833 SOUTHWEST 59TH STREET FLORIDA FL 33173 FLORIDA FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0741222 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes No 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED ALEMAN 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 8833 S.W. 59th St. 82 CORAL GABLES FL 33134 83 City 85 Zip Code 33173 FL Miami 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/amiliar with, and accept the obligations of, section 607.0505, Florida Statutes.

NATURE

NATURE lección SIGNATURE (NOTE: Registered Agent signature required when reinstating) me of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE PSTD DELETE 1.1 TITLE 70000270:55-7144 -12/10/98--01008--003 ALEMAN, VICTOR H 1.2 NAME NAME 8833 SOUTHWEST 59TH STREET 1.3 STREET ADDRESS *****750,00 · ****750.00 STREET ADDRESS FLORIDA FL 33173 1.4 CiTY-5 (2) 2.1 TITLE CITY-ST-ZIP TITLE DELETE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE ___ Change Addition 3,2 NAME NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE DELETE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP DELETE 5.1 TITLE TITLE Addition ___ Change 5.2 NAME NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE ___ Change Addition DELETE NAME 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 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 attackment with an addressty ictor H. Aleman 06/20/98