SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. **FILED** AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Mar 15, 2000 8:00 am Secretary of State · PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris ANNUAL REPORT Secretary of State 03-15-2000 90096 016 ***150.00 DIVISION OF CORPORATIONS P98000092351 GRACE LIMITED, INC. ~~~~~~~~~ Principal Place of Business Mailing Address 16513 SAPPHIRE STREET 16513 SAPPHIRE STREET WESTON FL 33331 WESTON FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State --City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year 29 30 Intangible Personal Property. X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OCASIO, REGINA F Street Address (P.O. Box Number is Not Acceptable) 16513 SAPPHIRE STREET WESTON FL 33331 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STD 1.1 TITLE DELETE Change Addition NAME OCASIO, REGINA F 1.2 NAME STREET ADDRESS 16513 SAPPHIRE STREET 1.3 STREET ADDRESS WESTON FL 33331 CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change ★ Addition OCA SIO NAME GEORGE 2.2 NAME 16513 SAPPHIRE ST STREET ADDRESS 2.3 STREET ADDRESS FL. 33331 2.4 CITY-ST-ZiP TITLE 3.1 TITLE DELETE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CIT : 87 ZIP 3.4 CITY-ST-ZIP 4.1 TITLE DELETE Change Addition 4.2 NAME - FREE LADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition 5.2 NAME · LADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP L DELETE 6.1 TITLE Change Addition 6.2 NAME ···· · LADDHISS 6.3 STREET ADDRESS. 6.4 CITY-ST-ZIP 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. - III NATURE:

Davies Dhara