SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # **S15078** **(6)**

1. Corporation Name
SKY MANAGEMENT CO.

Principal Place of Business
760 NW 107 AVE
STE 100
MIAMI FL 33172
US

Mailing Address
760 NW 107 AVE
STE 100
MIAMI FL 33172
US

3. Date Incorporated or Qualified: 11/27/1990
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 11410 N. KENDALL DRIVE
22 Suite, Apt. #, etc: 212
23 City & State: MIAMI, FLORIDA
24 Zip: 33176
25 Country: USA

2a. Mailing Address
26 11410 N. KENDALL DRIVE
27 Suite, Apt. #, etc: 212
28 City & State: MIAMI, FLORIDA
29 Zip: 33176
30 Country: USA

4. FEI Number: 65-0262128 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
LEWIS, EDGAR
111 N.E. FIRST STREET
SUITE 500
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name: SCHIMMEL, LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable): 11410 N. KENDALL DR.
83 Suite # 212
84 City: MIAMI FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: 6/11/96

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	SCHIMMEL, LAWRENCE, H	
STREET ADDRESS	7800 SW 87 AVE BLDG A100	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9440 N Kendall Drive, Ste 601E	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/11/96 Daytime Phone #: (305) 595-9490

CR2E034 (3/96)