(2/38)

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).

Julius Brenstein

SIGNATURE:

FILED Jul 16 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 #** (8) 2081, INC. Mailing Address Principal Place of Business 11440 N KENDALL DRIVE 400 S. DIXIE HIGHWAY HALLANDALE FL 33009 STE #111 KENDALL FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1991 2. Principal Place of Business 2a. Mailing Address Applied For 400 Si Dixie Hawy 21 11440 Not Applicable 65-0257401 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be lta llaud *ale* Fu Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Dolle O.S.A 33009 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KAUFFMAN, JOEL 400 S. DIXIE HIGHWAY 82 Street HALLANDALE FL 33009 83 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 comporation'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 SI when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. vesideb TITLE 11 TITLE Change Addition DELETE Julius NAME KAUFFMAN, JOEL 12 NAME **400** S. DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE President Change Addition NAME 2.2 NAME Julius Boxenstein STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 attachment with an address.