FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** 1. Corporation Name FFE I. INC. Mailing Address Principal Place of Business 9095 SW 87 AVE 9095 SW 87 AVE **SHITE 777** SUITE 777 MIAMI FL 33176 MIAMI FL 33176 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1991 05/01/1995 Applied For EEL Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0404800 26 21 \$8.75 Additional Suite, Apl. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country $Z_{1}D$ Country Zφ ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MITCHELL, JAMES R 82 9095 SW 87 AVE 83 **SUITE 777 MIAMI FL 33176** 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (Not's, Fegistered Agent sondt veired und Aher not statisch DATE Signature, typed or protect number of registered agent and the it apply alth-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. □ DELETE 1.1010.5 TITLE PD 1.2 NAME NAME MITCHELL, JAMES R. 1.3 STREET ADDRESS 9095 SW 87 AVE #777 STREET ADDRESS MIAMI FL 1.4 CTY - SF - ZiP CITY-ST-ZIP DELETE Change Addition 2 1 Titlue STD TITLE 2.2 NAME HUSTON, TOM, JR. NAME 7406 SW-48 ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CHY - \$1 - ZIF CITY-ST-ZIP ☐ Addition DELETE 3 1 TIFLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZiP CITY - ST - ZIP Change Addition DELETE 4.1 111.2 TITLE **40000178411** -04/17/96--01065--010 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ***200.00 4.4.011Y - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TILE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST. ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 1 T(T).E TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHY - \$1 - ZIP CITY - ST-ZIP 14. Too hereby certify that the information supplied with this filing is voluntarily turnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (12/95)

4 9 96 305 271-5051