**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

DOCUMENT # **S49663** **(5)**

1. Corporation Name
**OCHO-RAY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 350543<br>MIAMI FL 33135 | P.O. BOX 350543<br>MIAMI FL 33135 |

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21: 4705 S.W. 74TH AVE.
Suite, Apt. #, etc. 22: ~~Miami, Fl~~
City & State 23: Miami, Fl
Zip 24: 33155 Country 25:

2a. Mailing Address
26: 7138 S.W 103 PL cir
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, Fl
Zip 29: 33173 Country 30:

4. FEI Number: 65-0265150 ☐ 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**

OCHOA, EDUARDO
12890 S.W. 26 STREET
MIAMI FL 33175

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7138 S.W. 103 PL CIR
83
84 City: MIAMI FL 85 Zip Code: 33173

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 _____ (NOTE: Registered Agent's signature required when name is changed) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PVS | ☐ DELETE | 11 TITLE | ☒ Change ☐ Addition |
| NAME | OCHOA, EDUARDO | | 12 NAME | |
| STREET ADDRESS | ~~12890 S.W. 26 STREET~~ | | 13 STREET ADDRESS | 7138 S.W. 103 PL CIR |
| CITY-ST-ZIP | ~~MIAMI FL~~ | | 14 CITY-ST-ZIP | MIAMI, Fl 33173 |
| TITLE | TD | ☐ DELETE | 21 TITLE | ☒ Change ☐ Addition |
| NAME | OCHOA, EDUARDO | | 22 NAME | |
| STREET ADDRESS | ~~12890 S.W. 26 STREET~~ | | 23 STREET ADDRESS | 7138 S.W. 103 PL CIR |
| CITY-ST-ZIP | ~~MIAMI FL~~ | | 24 CITY-ST-ZIP | MIAMI, Fl 33173 |
| TITLE | TD | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | OCHOA, EDUARDO | | 32 NAME | |
| STREET ADDRESS | ~~7138 SW 103 PL CR~~ | | 33 STREET ADDRESS | 7138 S.W. 103 PL CIR |
| CITY-ST-ZIP | ~~MIAMI FL~~ | | 34 CITY-ST-ZIP | MIAMI, Fl 33173 |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (3/96)

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:** Eduardo R Ochoa 6/11/96 (305)5582620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #