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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** S72028 (1)**NELAN PROPERTIES. INC.** Principal Place of Business Mailing Address 965 MARSEILLES DR. APT B P.O. BOX 2155 MIAMI BEACH FL 33141 HALLANDALE FL 33008-2155 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1991 10/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 965 Marseilles Drive 65-0284926 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Apt # 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Beach, Florida 23 Miami Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has trability for intangible tax under s. 199 032 3314 1 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Bertan, Abe 2010 NE 187 DR Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI BEACH FL 33179** 83 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or printed native of registered agent and title if applicable INOTE: Rogistered Agent signature required when recisrating: 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PTD DELETE 1.1 TITLE Change Addition NAME TEJEIRO, ANA 1.2 NAME CR2E034 STREET ADDRESS 1220 ORIOLE AVE 1.3 STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP 14 CITY - ST-ZIP TITLE DELETE 2 1 TIFLE Change Addition NAME TEJEIRO, NELSON 2.2 NAME STREET ADDRESS 1220 ORIOLE AVE 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 2 4 CITY - ST - ZIP TITLE DELETË 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST-ZIP TITLE DELETE 41 TITLE Change NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS. CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 5 t THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TATLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY - ST - ZIP 64 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and or Block 13 if changed, or on an attachment with an address

Nelson Tejeiro

SIGNATURE: 3

7/1/96

(305)861-4385