FILE NOW: FILING FEE AFTER MAY 1 IS \$225,00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # ST3807 2ty Free Expert, INL. Principal Place of Business Mailing Address 8314 NW 14/2 St 8314 N.W. 14/2 St. Miami. F1. 33126 Miami, Fl. 3. Date Incorporated or Qualified 3a. Date of Last Report 08-15-41 05-01-95 2. Principal Place of Business 2a. Mailing Address Applied For 65-0281976 26 Not Applicable Suite, Apt # etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199,032. Florida Statutes Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Soel D. Sanders, CPA Street Address (P.O. Box Number is Not Acceptable) 15828 SW 1642 St. 83 Pembroke Pines, 81. 37126 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607:0507 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and safety the objection 607:0505, Florida Statutes.

SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TOTLE DELETE 1 1 TITLE Change Addition JOESPH BARZEL NAME 1.2 NAME 8314 NW 14th st. STREET ADDRESS 13 STREET ADDRESS CITY - ST- ZIP MWW. PL- 33126 1.4 CHY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition RICARDO LORES 8314 NW 144 St NAME 22 NAME STRUET ADDRESS 2 3 STREET ADDRESS Miami . F1 3312/ CITY - ST - ZIP 24 CHTY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 2IP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition **5000017961**05 -04/26/96--01043--013 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***200.00 CITY-ST ZIP 4.4 CHY-ST-7P TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CHY-S1-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 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 607. Florida Statutes; and that my name appears in Block 12 or 9 feet 3 p. changed, or on an attachment with an address.

SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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