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 DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** S82985 FEMCA TRADING CORP. Mailing Address Principal Place of Business 444 BRICKELL AVE. 444 BRICKELL AVE. #51-720 #51-720 MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 09/24/1991 FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0292232 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032 Zφ ZiD Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERMOSO, CECILIO Street Address (P.O. Box Number is Not Acceptable) 82 **6330 MOULTRIE PLACE** MIAMI LAKES FL 33014-2316 83 Zip Code 85 City 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. [CANOR: registered agent and title if applicable SIGNATURE. (NOTE: Registered Agent signature regioned when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Adolbon (96/8)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TiTLE TITLE CR2E034 1.2 NAME HERMOSO, FRANCISCO NAME 444 BRICKELL AVE., #51 13 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 1 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 I TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TiTLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Add-tion DELETE 4.1 TiTLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 abdress. CITY - ST - ZIP

HETUSET
OF SIGNING OFFICER OR DIRECTOR

7-17-86 305-717-3124

PAIN

SIGNATURE: