SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT OUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF COMPORATIONS FILED · 1996 96 DEC 20 AM 11: 13 DOCUMENT # 106762 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8034 Wiles Road 8034 Wiles Road Coral Springs, FL Coral Springs, FL 33067 33067 3a. Date of Last Report 3. Date Incorporated or Qualified 4. FEI Number Applied For 2a. Mailing Address 2. Punction Place of Business Road 65-0307687 Not Applicable Same \$8.75 Additional Suite, Apt. #. etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution Coral Springs, FL 23 Country B. This corporation has liability for interigible tax under s. 199.032, Zip Yes No Florida Statutes 9. Name and Address of Current Registered Agent 30 10. Name and Address of New Registered Agent Name same Abdul Ukani Street Address (P.O. Box Number is Not Acceptable) 8452 NW 47th Street 33067 83 Coral Springs, FL Zip Code 84 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, undiffestate 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.

| 12/16/96| SIGNATURE (NOTE Registered Agent signature required when reinstating) printed name of registered agent and title if ap ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 11 TITLE TITLE President 12 NAME NAME Abdul Ukani 13 STREET ADDRESS 8452 NW 47th Street STREET ADDRESS 1.4 CITY - ST- &P Coral Springs, FL 3067 CITY - ST - ZIP 800002040598-L-46 -12/30/96--01012--008 DELETE 2.1 TITLE TITLE 2.2 NAME ****375.00 ****375.00 2.3 STREET ADDRESS STREET ADDRESS 2.4 CffY - ST-ZiP CITY - ST - ZIP Change Addition DELETE 31 HDE TITLE EINSTATEWENT 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE BRLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY ST-24 Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS S 4 CITY - ST - ZIP CITY ST-7IP Change Addition DELETE HILE MAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP 14. Ido heraby certify that the information supplied with this filing is voluntarily furthed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I turn 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. CITY-ST ZIP SIGNATURE: