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 **DOCUMENT #** (8)MALICO, INC. Mailing Address

14710 HARRIS Principal Place of Business 100 EAST-40TH STREET 102 EAST 49TH STREET HIALEAH FL 33013 HIALEAH FL 35015 3a. Date of Last Report 3. Date Incorporated or Qualified 02/26/1992 06/09/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0260544 26 21 \$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 \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zιρ Zip Country Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUSSAIN, MARLY V Street Address (P.O. Box Number is Not Acceptable) 102 EAST 49TH STREET /4710 HARRIS PI. 82 33014 HIALEAH FL 33019 83 City Zip Code 84 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. (NOTE: Registered Agent signurure required when re-instating) Signature, typed or princed nan e-of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE D CR2E034 1.2 NAME HUSSAIN, MARLY V NAME 102 EAST 49TH STREET /4710 HARRIS PI. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 1.4 C(TY - ST - 7)P CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2 2 NAVIE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DEFELE 3 1 DILE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 41 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 511ITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS <u> 5 4 CITY - S</u>T - ZIP CITY - ST - ZIP Change Addition DELETÉ 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST- ZIP DITY-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 legar effect as if made under oath, the citary and in 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 13 in Block 13 in changed, or on an apperhiment with an address

SIGNATURE:

305-825-4444