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 #** V40869 (2) MAURELME, INC. Principal Place of Business Mailing Address 26 SW 20 ROAD 7081 TAFT STREET MIAMI FL 33029 P. O. BOX 166 PEMBROKE PINES FL 33025 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1992 07/25/1995 Principal Place of Business 2. 2a. Mailing Address 4. FEI Number 21 Applied For 26 65-0348175 Not Applicable Suite. Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCKENZIE, ARTHUR F 26 SW 20TH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 84 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered 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 (3/96) TITLE D DELETE 1.1 TITLE Change Addition NAME MCKENZIE, ARTHUR F 1.2 NAME CR2E034 STREET ADDRESS 26 SW 20TH ROAD 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1 4 C(1) Y - ST - Z(P TITLE DELETE 2.1 TUDE Change Addition NAME MCKENZIE, OLIVE F 2 2 NAME STREET ADDRESS 26 SW 20TH ROAD 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME CHIN, ADDIENNE 3.2 NAME STREET ADDRESS A470 FOXCOOFT DD #207 3.3 STREET ADDRESS City-ST-ZIP MIDAMAN FL 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change ____ Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 C7(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 that my name appears in Block 12 or Blog 3 if changed or on an attachment with an address 6 4 CITY - ST - ZiP SIGNATURE:

MONFINZIF