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 #** (0)V46594 1. Corporation Name H & D SCIENTIFIC SUPPLIES, INC. Mailing Address Principal Place of Business 113 GARDENS DR 113 GARDENS DR. #104 #104 POMPANO BCH. FL 33069 3a. Date of Last Report POMPANO BCH. FL 33069 3. Date incorporated or Qualified 06/24/1992 05/18/1995 Applied For FEI Number 2. Principal Place of Business Mailing Address 2a. Not Applicable 65-0344411 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zio Zφ Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MEZA, OSCAR H Street Address (P.O. Box Number is Not Acceptable) 82 113 GARDENS DR. HIGHWAY #104 POMPANO BCH. FL 33069 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. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Bug steres Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1707UE TITLE CR2E034 1.2 NAME NAME MEZA, OSCAR 113 GARDENS DR. #104 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH. FL 33069 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIF Change _____ Addition DELETE 31 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TUEE TiTLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY-ST-ZIP Change Add:tion DELETE 5 1 TITLE TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 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 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 06/16/96 954.977.8250 OSCAR MERA

SIGNATURE: