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 ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # V49530 (1) FAST HOME RECOVERY, INC. Principal Place of Business Mailing Address 7811 SW 24TH ST. 7811 SW 24TH ST. SUITE 1368 SUITE 136B MIAMI FL 33155 **MIAMI FL 33155** 3. Date Incorporated or Qualified 3a. Date of Last Report US US 07/09/1992 06/22/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2002716 26 SAME Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUIZ, JUSTO J 7811 S.W. 24TH STREET 82 Street Address (P.O. Box Num **SUITE 136-B** R3 **MIAMI FL 33155** 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. Fam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prist if a mile of registeric agent and the Tapple able (NOTE: Falgistand Agent signature required when rehistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PRESIDENT TITLE 1.1 DTLE FERNANDEZ, MAURO NAME 1.2 NAME CR2E034 7811 S.W. 24TH STREET, SUITE 136-B STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 CITY - ST- ZIP 1.4 CUTY - ST - ZIP DELETE SECRETARY / TREASURES Change ____ Addition TITLE 2 I TITLE NAME DE CESPEDES, KARLA 2.2 NAME KARLA DE CESPEDES 7125 LAGO DR. EAST STREET ADDRESS 2 3 STREET ADDRESS 7811 SW 245T S-136B WIAMI -PC33155 🗆 00 **CORAL GABLES FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7IP City-St-ZiP DELETE 4.1.1:1LE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 44 CITY - ST-ZIP DELETE Change Addition 5.1 TIZLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes

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 of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Blogs 19 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND THE O NAME OF SIGNING OFFICER OR DIRECTOR V.P. 6/6/96 305 265-8616