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 # (9)PRESTIGE TITLE COMPANY Mailing Address Principal Place of Business 815 NW 57 AVE 815 NW 57 AVE SUITE 125 SUITE 125 MIAMI FL 33126 MIAMI FL 33126 3a. Date of Last Report Date Incorporated or Qual-fied 07/17/1992 04/24/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0426649 Not Applicable 815 NW 57 Avenue 815 NW 57 Avenue 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required Suite 219 Suite 219 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Miami, Florida Miami, Florida Added to Fees Trust Fund Contribution 28 23 Country 33126 8. This corporation has liability for intangible tax under s. 199 032, Country Zip 33126 UŠA Florida Statutes Yes No 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIUSECH, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 815 NW 57 Avenue 82 815 NW 57 AVE **SUITE 125** 83 MIAMI FL 33126 Suite 219 85 City R4 Miami 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gratture required when reinstating)* (DA1+ Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. XX Change Addition DELETE TITLE 11 TIFLE CR2E034 1.2 NAME RIUSECH, EDUARDO NAME 815 NW 57 Avenue Suite 219 815 NW 57 AVE #125 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 14 CHY-SI-ZIP CITY - ST - ZIP XX Change Addition DELETE 21 TITLE TiTLE 2 2 NAME RIUSECH, EDUARDO NAME 815 NW 57 Avenue Suite 219 815 NW 57 AVE #125 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE A 1 TITLE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 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 of 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 of the receiver of 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-7IP

SIGNATURE: Eduardo Riusech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

305 - 266 - 4209

5/11/96