FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71269 (7)

1. Corporation Name
THE STONE RESOURCE, INC.

Principal Place of Business
1575 SAN IGNACIO
SUITE 100
CORAL GABLES FL 33146

Mailing Address
1575 SAN IGNACIO
SUITE 100
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 04/20/1995
4. FEI Number: 65-0368298 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 931 N.W. 12th Ave.
Suite, Apt. #, etc.
22
City & State
23 Ft. Lauderdale, Fl.
Zip 24 33311 Country 25 USA

2a. Mailing Address
26 931 N.W. 12th Ave.
Suite, Apt. #, etc.
27
City & State
28 Ft. Lauderdale, Fl.
Zip 29 33311 Country 30 USA

9. Name and Address of Current Registered Agent
ABERMAN, NEIL
1575 SAN IGNACIO
SUITE 100
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: Neil Aberman
82 Street Address (P.O. Box Number is Not Acceptable): 931 N.W. 12th Ave.
83
84 City: Ft. Lauderdale FL 85 Zip Code 33311

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ABERMAN, NEIL	1.2 NAME	
STREET ADDRESS	1575 SAN IGNACIO, #100	1.3 STREET ADDRESS	931 N.W. 12th Ave
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33311
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/19/96 954-523-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)