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.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)V71920 <u> 1984 (1984 1996 1986 1986 1986 1986 1986 1984 1984 1984 1986 1987 1984 1984</u> IAR HOLDINGS CORP. Mailing Address Principal Place of Business 40304 FISHER ISLAND DRIVE 40304 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 FISHER ISLAND FL 33109 3a. Date of Last Report 3. Date Incorporated or Qualified 03/06/1995 10/19/1992 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 65-0373167 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certilicate of Status Desired Fee Required Suite, Apt #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032, 23 Country Ζιρ Yes No Country Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name SHORE, H. ALLAN Street Address (P.O. Box Number is Not Acceptable) 82 1221 BRICKELL AVENUE **150 WEST FLAGLER STREET** 83 MIAMI FL 33131 2ip Code 85 84 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE_Ring stered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 111016 CR2E034 n TITLE 1.2 NAME GREEN, STEVEN J. NAME 13 STREET ADORESS 40304 FISHER ISLAND DR STREET ADDRESS 1 4 C/TY - ST - 7/P Change Addition FISHER ISLAND FL CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME SAFCHIK, JEFFREY A. NAME 2 3 STREET ADDRESS 40304 FISHER ISLAND DR. STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition FISHER ISLAND FL CITY - ST - ZIP 3 1 TITLE DELETE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 4 t TiTLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST- ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Lido 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 1 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 exportation 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 12 or Block 13 or on an attachment with an address 7/23/96 (305) 534-1012 JEFFREY A. SAFCHIK

SIGNATURE:

SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0153058