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 # **852507** **(3)**

1. Corporation Name
NEELS COMPANY, INC.

Principal Place of Business
C/O TAMARA C. ~~IGLESIAS~~ FUNDORA
~~1040 N.W. 4TH ST. #102~~
MIAMI FL ~~33128-1132~~

Mailing Address
C/O TAMARA C. ~~IGLESIAS~~ FUNDORA
~~1040 N.W. 4TH ST. #102~~
MIAMI FL ~~33128-1132~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 3060 NW Flagler Terr
Suite, Apt. #, etc.
27
City & State
28 Miami - Fl -
Zip 29 33125 | Country 30 Dade

3. Date Incorporated or Qualified: **04/08/1982**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **98-0041168** ☐ 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

9. **Name and Address of Current Registered Agent**
~~IGLESIAS~~ FUNDORA, TAMARA C.
~~1040 N.W. 4TH ST. #102~~
MIAMI FL 33128

10. **Name and Address of New Registered Agent**
81 Name: TAMARA C. FUNDORA
82 Street Address (P.O. Box Number is Not Acceptable): 3060 NW Flagler Terr.
83
84 City: MIAMI **FL** 85 Zip Code: 33125

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: TAMARA C. FUNDORA [signature] 1/19/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.			13.		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ELSACA-SAUD, ENRIQUE		1.2 NAME		
STREET ADDRESS	~~9200 S DADELAND BLVD 214~~		1.3 STREET ADDRESS	3060 nw Flagler Terr	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl-33125	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	H. DE ELSACA, NELLY		2.2 NAME		
STREET ADDRESS	~~9200 S DADELAND BLVD 214~~		2.3 STREET ADDRESS	3060 nw Flagler Terr	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl 33125	
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		☐ Change ☐ Addition
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)(x), 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: Tamara C. Fundora - Reg. Agent 1/19/96 305 649-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)