

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004485 (8)

1. Corporation Name

NEMIX, INC.

900001459009
-04/18/95--01066--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
7512 SCOUT AVE. BELL GARDENS CA 90201		7512 SCOUT AVE. BELL GARDENS CA 90201		08/29/1994			
21. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
22. Suite, Apt #, etc		2b. Suite, Apt #, etc		33-0273465		Not Applicable	
23. City & State		2c. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24. Zip		2d. Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
25. Country		2e. Country		7. This corporation has liability for intangible tax under S. 199.052, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAZA, RAJUMAR 11831 ROAYL PALM BLVD., #301 CORAL SPRINGS FL 33065				81 Name C T CORPORATION SYSTEM			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
				83			
				84 City Plantation			
				85 FL		86 Zip Code 33324	

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: *Tanya M. Villar* TANYA M. VILLAR SPECIAL ASSISTANT SECRETARY 4-12-95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASHYAP, ANIL	2. NAME			
STREET ADDRESS	7512 SCOUT AVE.	3. STREET ADDRESS			
CITY, ST, ZIP	BELL GARDENS CA 90201	4. CITY, ST, ZIP			
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6. NAME			
STREET ADDRESS		7. STREET ADDRESS			
CITY, ST, ZIP		8. CITY, ST, ZIP			
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		10. NAME			
STREET ADDRESS		11. STREET ADDRESS			
CITY, ST, ZIP		12. CITY, ST, ZIP			
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		14. NAME			
STREET ADDRESS		15. STREET ADDRESS			
CITY, ST, ZIP		16. 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 110.07(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 of 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: *Anil Kashyap* Anil Kashyap 3-30-95 310) 806-1308