

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**MAR 28 AM 11:34**

**DOCUMENT # G58865 (8)**

1. Corporation Name  
**NU-TECH, INC.**

Principal Place of Business      Mailing Address  
**7765 W. 20TH AVE.  
HALEAH FL 33014  
US**                                      **7765 W. 20TH AVE.  
HALEAH FL 33014  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/09/1983**                                      **06/15/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**    **26**

4. FEI Number      Applied For  
**59-2360204**                                       Not Applicable

22      Suite, Apt. #, etc.      27      Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23      City & State      28      City & State

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

24      Zip      Country      29      Zip      Country      30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALZADILLA, ANGEL  
14351 GLENCAIRN RD.  
MIAMI LAKES FL 33016**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_  
(Signature typed or printed name of registered agent and title of applicant)      (Date Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b>
NAME	<b>CALZADILLA, ANGEL</b>
STREET ADDRESS	<b>14351 GLENCAIRN RD.</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>
TITLE	<b>VSD</b>
NAME	<b>CALZADILLA, KAREN L.</b>
STREET ADDRESS	<b>14351 GLENCAIRN RD.</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>FABREGAS, MERCEDES</b>
13 STREET ADDRESS	<b>5975 W. 21 Court</b>
14 CITY - ST - ZIP	<b>Hialeah, FL, 33016</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 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 199.03(b), 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 the 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: *Karen L. Cursonica*      3/13/95      305 558-2100  
(Signature typed or printed name of signing officer or director)      Date      (Telephone Number)