

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K19356 (0)**
1. Corporation Name
NERON, INC.



Principal Place of Business: **701 BRICKELL AVENUE SUITE 1600 (RFH) MIAMI FL 33131**
Mailing Address: **701 BRICKELL AVENUE SUITE 1600 (RFH) MIAMI FL 33131**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/28/1988**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **65-3204576**
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
**CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32314**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (Signature, typed or printed name of registered agent and the legal date) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORTIQUE, MORELLA MACIA | 2. NAME | |
| STREET ADDRESS | 170 LAKEVIEW DR #203 | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | FT LAUDERDALE FL | 4. CITY-STATE-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACIA, CRISTOBAL | 2.2 NAME | |
| STREET ADDRESS | 170 LAKEVIEW DR. #203 | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FT. LAUDERDALE FL | 2.4 CITY-STATE-ZIP | |
| TITLE | Assistant Secretary <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lavie, Pierre | 3.2 NAME | |
| STREET ADDRESS | Case Postale 188, 1000 Lausanne 13 | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Switzerland | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this report 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 a 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 attached sheet with an address.

SIGNATURE: **Pierre LAVIE** (Signature and typed or printed name of signing officer or director)
March 1st, 1996 (Date)

CR2E034 (12/95)