

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 9:56

DOCUMENT # **L15287** (0)

1. Corporation Name  
**NICNAT INC.**

Principal Place of Business Mailing Address  
**6421 SW 72 CT MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/13/1989** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **65-0143784** 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

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

9. Name and Address of Current Registered Agent  
**MAS, RAFAEL JOSE  
6421 SW 72 CT  
MIAMI FL 33143**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when applicable) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME DEL VALLE MAS, MARIA E.  
STREET ADDRESS 6421 SW 72 CT  
CITY - ST - ZIP MIAMI FL  
TITLE VD  
NAME MAS, RAFAEL JOSE  
STREET ADDRESS 6421 SW 72 CT  
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1 TITLE  Change  Addition  
1. 2 NAME  
1. 3 STREET ADDRESS  
1. 4 CITY - ST - ZIP  
2. 1 TITLE  Change  Addition  
2. 2 NAME  
2. 3 STREET ADDRESS  
2. 4 CITY - ST - ZIP  
3. 1 TITLE  Change  Addition  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY - ST - ZIP  
4. 1 TITLE  Change  Addition  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY - ST - ZIP  
5. 1 TITLE  Change  Addition  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY - ST - ZIP  
6. 1 TITLE  Change  Addition  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 CITY - ST - ZIP

*NO ACTIVITY*

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 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: *Maria E. del Valle Mas* 2-16-95 (201) 967-8972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE