

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 # **L15287** (0)

1. Corporation Name:
NICNAT INC.



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

3. Date Incorporated or Qualified: **09/13/1989**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business: **13030 SW. 75 AVE**
2a. Mailing Address: **SAME**
22. City & State: **MIAMI FLA**
23. City & State: **MIAMI FLA**
24. Zip: **33156** Country: **DADE**

4. FEI Number: **65-0143784**
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

10. Name and Address of New Registered Agent

**MAS, RAFAEL JOSE
6421 SW 72 CT
MIAMI FL 33143**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: DELETE
NAME: **PD DEL VALLE MAS, MARIA E.**
STREET ADDRESS: **6421 SW 72 CT MIAMI FL**
CITY-STATE-ZIP:
12.2 TITLE: DELETE
NAME: **VD MAS, RAFAEL JOSE**
STREET ADDRESS: **6421 SW 72 CT MIAMI FL**
CITY-STATE-ZIP:
12.3 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
12.4 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
12.5 TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS: **13030 SW 75 AVE.**
13.4 CITY-STATE-ZIP: **MIAMI, FL. 33156**
13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS: **13030 S.W. 75. AVE**
13.8 CITY-STATE-ZIP: **MIAMI, FL. 33156**
13.9 TITLE: Change Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-STATE-ZIP:
13.13 TITLE: Change Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY-STATE-ZIP:
13.17 TITLE: Change Addition
13.18 NAME:
13.19 STREET ADDRESS:
13.20 CITY-STATE-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)(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/17/96**
Daytime Phone #: **(305) 256-0411**

CR2E034 (12/95)