

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000019734 (1)**  
 1. Corporation Name  
**NAMIAN CORP.**



Principal Place of Business: **C/O 1149 S.W. 27TH AVE. SUITE 301 MIAMI FL 33135-4700 US**  
 Mailing Address: **C/O 1149 S.W. 27TH AVE. SUITE 301 MIAMI FL 33135-4700 US**

3. Date Incorporated or Qualified: **03/16/1993**      3a. Date of Last Record: **03/15/1995**  
 4. FEI Number: **65-0414266**      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: **21** Suite, Apt. #, etc. **305**      2a. Mailing Address: **26** Suite, Apt. #, etc. **305**  
 City & State: **23**      City & State: **28**  
 Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**HEVIA, JORGE JR**  
**1149 S.W. 27TH AVE.**  
**SUITE 301**  
**MIAMI FL 33135**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of officer, trustee, or receiver, if applicable      (If the signatory is a director, signature and date are required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERAS, PEDRO M</b>	1.2 NAME	
STREET ADDRESS	<b>3018 N.W. 79TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWERY, ROLAND</b>	2.2 NAME	
STREET ADDRESS	<b>3018 N.W. 79TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PREVDOLI, MADELEINE</b>	3.2 NAME	
STREET ADDRESS	<b>3018 N.W. 79TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: **Schwery Roland V.P.**      **07-09-96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

CR2E034 (12/95)