

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

*pg. 1 of 2*

PROFIT CORPORATION ANNUAL REPORT  
**96 - 1997**  
  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**97 MAY -2 AM 8:14**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000027693**  
 1. Corporation Name  
**NU-MART, INC.**

Principal Place of Business Mailing Address  
**8 PABLO HERNANDEZ** **8 PABLO HERNANDEZ**  
**3000 SW 109 CT** **3000 SW 109 CT**  
**MIAMI FL 33165** **MIAMI FL 33165**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4/7/95	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0577159	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**PABLO HERNANDEZ**  
**3000 SW 109 CT**  
**MIAMI FL 33165**

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 of typical or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<b>PRES</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>PABLO HERNANDEZ</b>	1.2 NAME	<b>700002175837-3</b>
12.3 STREET ADDRESS	<b>3000 SW 109 CT</b>	1.3 STREET ADDRESS	<b>-05/12/97--01192--008</b>
12.4 CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	1.4 CITY-STATE-ZIP	<b>****365.00 ****365.00</b>
12.5 TITLE	<b>VP &amp; SEC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<b>EVA HERNANDEZ</b>	2.2 NAME	
12.7 STREET ADDRESS	<b>3000 SW 109 CT</b>	2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	2.4 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I certify and verify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DAYTIME PHONE #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

PJ.2062

NU-MART, INC.  
3000 SW 109th CT  
MIAMI, FL 33165

April 28, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir:


Enclosed you will find our corporation annual report for 1997. Please be advised that we never received this report for 1996, and for this reason your department shows the corporation as being dissolved.

We would like to activate the corporation with out penalties, since it is not our fault that we never received the 1996 corporation annual report.

If you have any questions, please call me at (305) 221-9726. Thank you for your cooperation.

Sincerely,

NU-MART, INC.

  
Pablo Hernandez  
President

PH:da