

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000041594 (9)
 1. Corporation Name

NS CORPORATE SERVICES INC.



Principal Place of Business: 520 BRICKELL KEY DRIVE SUITE 0-303B MIAMI FL 33131
 Mailing Address: 520 BRICKELL KEY DRIVE SUITE 0-303B MIAMI FL 33131

3. Date Incorporated or Qualified: 05/26/1995
 3a. Date of Last Report

2. Principal Place of Business: 21 501 Brickell Key Drive, Suite, Apt. #, etc. 400, Miami, Florida, 33131, USA
 2a. Mailing Address: 26 501 Brickell Key Drive, Suite, Apt. #, etc. 400, Miami, Florida, 33131, USA

4. FEI Number: [X] 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: [X] Yes, [] No

9. Name and Address of Current Registered Agent: SLOSBERGAS, NELSON, 520 BRICKELL KEY DRIVE, SUITE 0-303B, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: Slosbergas, Nelson; 82 Street Address: 501 Brickell Key Drive; 83 Suite 400; 84 City: Miami, FL; 85 Zip Code: 33131

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] (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SLOSBERGAS, NELSON	
STREET ADDRESS	520 BRICKELL KEY DRIVE #0303B	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change	Addition
12 NAME	Slosbergas, Nelson		
13 STREET ADDRESS	501 Brickell Key Drive, Suite 400		
14 CITY - ST - ZIP	Miami, Florida 33131		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: [] TIME/PHONE: []

CR2E034 (3/96)