

ANNUAL REPORT
1997



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

FILED
Feb 28 1997 8:00am
Secretary of State



DOCUMENT # P95000041594
i. Corporation Name

NS CORPORATE SERVICES INC.

Principal Place of Business

Mailing Address

51 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131
S

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131-2624
US

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

Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0620280
Applied For: Not Applicable

Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

County

28. County

29. Zip

Country

30. Country

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

SLOSBERGAS, NELSON
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Numbers Not Accepted)
83
84 City
85 Zip Code: FL

I, the undersigned, being one of the officers or directors of the above-named corporation, submit this statement for the purpose of changing its registered agent to the person named herein in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and I will fulfill and accept the obligations of Section 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____
NOTE: Registered agent signature required when replacing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>12.1 TITLE: D <input type="checkbox"/> DELETE</p> <p>12.2 NAME: SLOSBERGAS, NELSON</p> <p>12.3 STREET ADDRESS: 501 Brickell Key Drive, Suite 400</p> <p>12.4 CITY - ST - ZIP: Miami, Florida 33131</p>	<p>13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.2 NAME:</p> <p>13.3 STREET ADDRESS:</p> <p>13.4 CITY - ST - ZIP:</p>	<p>POOR ORIGINAL</p>	
<p>12.5 TITLE: <input type="checkbox"/> DELETE</p> <p>12.6 NAME:</p> <p>12.7 STREET ADDRESS:</p> <p>12.8 CITY - ST - ZIP:</p>	<p>13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.6 NAME:</p> <p>13.7 STREET ADDRESS:</p> <p>13.8 CITY - ST - ZIP:</p>		
<p>12.9 TITLE: <input type="checkbox"/> DELETE</p> <p>12.10 NAME:</p> <p>12.11 STREET ADDRESS:</p> <p>12.12 CITY - ST - ZIP:</p>	<p>13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.10 NAME:</p> <p>13.11 STREET ADDRESS:</p> <p>13.12 CITY - ST - ZIP:</p>		
<p>12.13 TITLE: <input type="checkbox"/> DELETE</p> <p>12.14 NAME:</p> <p>12.15 STREET ADDRESS:</p> <p>12.16 CITY - ST - ZIP:</p>	<p>13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.14 NAME:</p> <p>13.15 STREET ADDRESS:</p> <p>13.16 CITY - ST - ZIP:</p>		
<p>12.17 TITLE: <input type="checkbox"/> DELETE</p> <p>12.18 NAME:</p> <p>12.19 STREET ADDRESS:</p> <p>12.20 CITY - ST - ZIP:</p>	<p>13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.18 NAME:</p> <p>13.19 STREET ADDRESS:</p> <p>13.20 CITY - ST - ZIP:</p>		
<p>12.21 TITLE: <input type="checkbox"/> DELETE</p> <p>12.22 NAME:</p> <p>12.23 STREET ADDRESS:</p> <p>12.24 CITY - ST - ZIP:</p>	<p>13.21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.22 NAME:</p> <p>13.23 STREET ADDRESS:</p> <p>13.24 CITY - ST - ZIP:</p>		

VB 208

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I do hereby certify 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