

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000056847 (3)**  
1. Corporation Name  
**NACOMA, INC.**



Principal Place of Business: **921 CYPRESS GROVE, POMPANO BEACH FL 33069**  
Mailing Address: **2 S BISCAYNE BLVD, SUITE 3400, MIAMI FL 33131-1897**

3. Date Incorporated or Qualified: **07/20/1995**      3a. Date of Last Report  
4. FEI Number: **65-0618028**      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.  
22. City & State: **23**  
24. Zip: **25** Country: **26**  
2a. Mailing Address: **26a** Suite, Apt. #, etc.  
27. City & State: **28**  
29. Zip: **30** Country:

9. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES, INC.  
2 S BISCAYNE BLVD  
SUITE 3400  
MIAMI FL 33131-1897**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ A., BERNARDO</b>	
STREET ADDRESS	<b>921 CYPRESS GROVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ N., BERNARDO E</b>	
STREET ADDRESS	<b>921 CYPRESS GROVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDER S., CARLOS M</b>	
STREET ADDRESS	<b>921 CYPRESS GROVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CORINA DE LANDER, MARIA</b>	
STREET ADDRESS	<b>921 CYPRESS GROVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Dir/Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Martinez, Bernardo A.</b>	
13 STREET ADDRESS	<b>921 Cypress Grove</b>	
14 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
21 TITLE	<b>D/V.Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Martinez, Bernardo E.</b>	
23 STREET ADDRESS	<b>921 Cypress Grove</b>	
24 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
31 TITLE	<b>D/Sec</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Lander, Carlos M.</b>	
33 STREET ADDRESS	<b>921 Cypress Grove</b>	
34 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
41 TITLE	<b>D/Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>de Lander, Maria Corina</b>	
43 STREET ADDRESS	<b>921 Cypress Grove</b>	
44 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **4/1/96**      **(305) 376 6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Carlos M. Lander**      Office Phone #

CR2E034 (12/95)