

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

FILED

**May 14 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # S69138 (3)
1. Corporation Name
NASACOM, INC.



Principal Place of Business Mailing Address
**3821 S.W. 47TH AVE.
DAVIE FL 33314** **3821 S.W. 47TH AVE.
DAVIE FL 33314-2805**

3. Date Incorporated or Qualified **07/29/1991** 3a. Date of Last Report **01/25/1996**
4. FEI Number **65-0274788** 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 2a. Mailing Address
21 **4770 OAKES RD** 26 **4770 OAKES RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **UNIT E** 27 **UNIT E**
City & State City & State
23 **DAVIE FL 33314-2234** 28 **DAVIE FL**
Zip Zip Country Country
24 **BROWARD** 29 **33314-2234** 30 **BROWARD**

9. Name and Address of Current Registered Agent
**NETO, RICHARD
3821 S.W. 47TH AVE
DAVIE FL 33314**

10. Name and Address of New Registered Agent
81 Name **RICHARD PIROVANO**
82 Street Address (P.O. Box Number is Not Acceptable) **4770 OAKES RD.**
83 **UNIT E**
84 City **DAVIE FL** 85 Zip Code **33314**

11. Pursuant to the provisions of Sections 607.022 and 607.1506, 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]* DATE **4-26-97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NETO, RICHARD	
STREET ADDRESS	3821 S.W. 47TH AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.A., SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIROVANO, RICHARD	
1.3 STREET ADDRESS	4770 OAKES RD, UNIT E	
1.4 CITY-ST-ZIP	DAVIE, FL 33314-2234	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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, or changed thereon in an attachment with an address.

SIGNATURE: *[Signature]* **RICHARD PIROVANO P.D.A. 4-26-97**

CR2E034 (9/96)