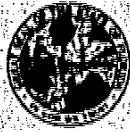


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79367** (4)
1. Corporation Name
NICOLINA ENTERPRISES, INC.

Principal Place of Business Mailing Address
3201 NW 24TH ST/RD MIAMI FL 33142-6913 **3201 NW 24TH ST/RD MIAMI FL 33142-6913**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0142623** 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

6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MONOCANDILOS, JORDAN
3201 NW 24 ST/RD
MIAMI FL 33142

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: typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE **DP**
NAME **MONOCANDILOS, JORDAN**
STREET ADDRESS **3201 NW 24 ST/RD**
CITY - ST - ZIP **MIAMI FL**
TITLE **VP**
NAME **MONCONADILOS, DOBA THEODORA**
STREET ADDRESS **3201 NW 24 ST/RD**
CITY - ST - ZIP **MIAMI FL**
TITLE **VP**
NAME **LAMBRAKOPOULOS**
STREET ADDRESS **3201 NW 24 ST/RD**
CITY - ST - ZIP **MIAMI FL**
TITLE **S**
NAME **DIAZ, AURORA**
STREET ADDRESS **3201 NW 24 ST/RD**
CITY - ST - ZIP **MIAMI FL**
TITLE **T**
NAME **ISERN, JORGE**
STREET ADDRESS **3201 NW 24 ST/RD**
CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **APR 25 1995** **305-637-8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR