

**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 # **852507** (3)

1. Corporation Name  
**NEELS COMPANY, INC.**



Principal Place of Business: **FUNDORA**  
C/O TAMARA C. IGLESIAS  
1040 N.W. 4TH ST., #102  
MIAMI FL 33128-1132

Mailing Address: **FUNDORA**  
C/O TAMARA C. IGLESIAS  
1040 N.W. 4TH ST., #102  
MIAMI FL 33128-1132

2. Principal Place of Business  
21. State, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Street, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

**3060 NW Flagler Terr**  
**MIAMI - FL**  
**33125**  
**DADE**

3. Date Incorporated or Qualified: **04/08/1982**  
3a. Date of Last Report: **01/25/1995**

4. FEI Number: **98-0041168**  
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 or intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FUNDORA**  
**IGLESIAS, TAMARA C.**  
**1040 N.W. 4TH ST., #102**  
**MIAMI FL 33128**

10. Name and Address of New Registered Agent  
81. Name: **TAMARA C. FUNDORA**  
82. Street Address (P.O. Box Number is Not Acceptable): **3060 NW Flagler Terr.**  
83. City: **MIAMI** State: **FL** Zip Code: **33125**

11. Pursuant to the provisions of Sections 607.3504 and 607.1503, 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 Sections 607.0505, Florida Statutes.

SIGNATURE: **TAMARA C. FUNDORA** (Registered Agent) **1/19/96**

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
<input type="checkbox"/> DELETE	PD <b>ELSACA-SAUD, ENRIQUE</b>	<b>9200 S DADELAND BLVD-214</b>	<b>MIAMI FL</b>	<input type="checkbox"/> DELETE	SD <b>H. DE ELSACA, NELLY</b>	<b>9200 S DADELAND BLVD-214</b>	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>3060 NW Flagler Terr</b>	<b>MIAMI, FL-33125</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>3060 NW Flagler Terr</b>	<b>MIAMI, FL-33125</b>

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)(a), Florida Statutes. I further certify that this information is true and correct 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 this 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 a new filing with an address.

SIGNATURE: **TAMARA C. FUNDORA** (Registered Agent) **1/19/96** **649-4705**

CR2E034 (12/95)