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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000022469 (7)

DOCUMENT #

1. Corporation Name NICRON, INC.



Principal Place of Busi	ness	Maili	ing Address							
2151 N.E. 155TH STREET 2151 N.E. 155TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL										
MOUTH MININ DELIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					03/20/		3a. Date		
2. Principal Place of E	Business W 35 th ST		Mailing Address 2 P ル ん	w 35	m st	4. FEI Number 65 - 0	57849	/	N	ot Applicable
Suite, Apt. #, etc.	W 33 771 41		Suite, Apt. #, etc.			5. Certificate of	of Status Desired		Fee R	Additional equired
City & State	FL	(Oity & State M / Pm /	FL		Trust Fund	mpaign Financing Contribution	U	Added	May Be to Fees
Zip 4 33142	Country 25 DA-LP		3314/2	30 /		Florida Stal		řes [_]No		199.032.
9.1	Name and Address of Curren	t Registe	ered Agent		81 Name	10. Name and	Address of Nev	v Registered A	agent	
Palinsky, Il 2151 n.e. 15 North Miaw					83	ress (P.O. Box Nur / 2	iber is Not Accep	fable) 73 51	85 Zip	Code
					84 City M /	Ami	etatament for the	and of obs	oping its re	3/4/2 egistered office
11. Pursuant to the or registered age familiar with, and	provisions of Sections 607.0502 ent, or both, in the State of Flori d accept the obligations of, Sect	2 and 607 ida. Such t-on 607.0	7,1508. Florida Sta i changé was auth 0505, Florida Stati	atures, the abor- lorized by the cutes.	corporation's boa	ard of directors 1 h	ereby accept the a	appointment as	registered	agent. I am
SIGNATURE	re typed or printed have of fogurered alpha	1.1.12			Agint signal in require	or a box mark table of		DATE		
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oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR