

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

FILED
Mar 20 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 # 852507

(3)

1. Corporation Name
NEELS COMPANY, INC.



Principal Place of Business

C/O TAMARA C. FUNDORA
3060 NW FLAGLER TERR
MIAMI FL 33125
US

Mailing Address

3060 NW FLAGLER TERR
MIAMI FL 33125-5042
US

3. Date Incorporated or Qualified **04/08/1982** 3a. Date of Last Report **02/19/1996**

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 for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Director of Business

21. State, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address

26. State, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent

FUNDORA, TAMARA C.
3060 NW FLAGLER TERR
MIAMI FL 33125

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 607.0422 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE OF REGISTERED AGENT (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	ELSACA-SAUD, ENRIQUE	
3. STREET ADDRESS	3060 NW FLAGLER TERR	
4. CITY-STATE-ZIP	MIAMI FL SD	<input type="checkbox"/> DELETE
5. TITLE	H. DE ELSACA, NELLY	
6. NAME	3060 NW FLAGLER TERR	
7. STREET ADDRESS	MIAMI FL	<input type="checkbox"/> DELETE
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by certifying 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 included in 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: *Tamara C. Fundora* - TAMARA C. FUNDORA 2/6/97 305-649-4705
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (9/96)