

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **428300** (8)

1. Corporation Name
NACHON LUMBER CO., INC.



Principal Place of Business: **12000 S.W. 8TH ST. MIAMI FL 33184**
 Mailing Address: **12000 S.W. 8TH ST. MIAMI FL 33184**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1973	04/25/1995
4. FEI Number	Applied For Not Applicable
65-0167060	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**NACHON, CARLOS
 2477 W. 4TH AVE.
 HIALEAH FL 33010**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, 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 607.0607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2a. STREET ADDRESS	
CITY-STATE-ZIP		2b. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		3a. NAME	
STREET ADDRESS		3b. STREET ADDRESS	
CITY-STATE-ZIP		3c. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4a. NAME	
STREET ADDRESS		4b. STREET ADDRESS	
CITY-STATE-ZIP		4c. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5a. NAME	
STREET ADDRESS		5b. STREET ADDRESS	
CITY-STATE-ZIP		5c. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6a. NAME	
STREET ADDRESS		6b. STREET ADDRESS	
CITY-STATE-ZIP		6c. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), Florida Statutes. I further certify that the information included 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 holder of an office or position entitled to exercise the corporate powers of the corporation, and that my name appears in Block 12 or Block 13 of this form. This certificate is invalid without a filing fee.

SIGNATURE: *Carlos Nachon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 305-888-5236

CR2E034 (12/95)