

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 469596 (1)

1. Corporation Name

NUPRAM CORP.

Principal Place of Business

Mailing Address

10255 S.W. 8 TERRACE
MIAMI FL 33174

10255 S.W. 8 TERRACE
MIAMI FL 33174



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 27

28 29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

3. Date Incorporated or Qualified

03/19/1975

3a. Date of Last Report

03/13/1995

4. FEI Number

59-1616331

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRADO, LUCIA H.
10255 SW 8 TERRACE
MIAMI FL 33174

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

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	PRADO, AUGUSTIN, JR.	□ DELETE
NAME	10255 S.W. 8 TERRACE		
STREET ADDRESS	MIAMI, FLORIDA 00000		
CITY - ST - ZIP			
TITLE	PD	PRADO, LUCIA H	□ DELETE
NAME	10255 S.W. 8 TERRACE		
STREET ADDRESS	MIAMI, FLORIDA 00000		
CITY - ST - ZIP			
TITLE			□ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			□ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			□ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			□ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 607, Florida Statutes, and that my name 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

(305)
3/16/96 551-3608
Date Daytime Phone #

CR2E034 (12/95)