SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F80264

(7)

NURTAN ENTERPRISES, INC.						
Principal Place of Business		Mailing Address	Mailing Address		I ANDIANA HANI LANKI BANK NAKA TILAN BININ BININ BININ AKANI DININ AKANI BININ ANDIN 1991	
12120 SW 95TH STREET MIAMI FL 33186		12120 SW 95TH STREET MIAMI FL 33186				
					3. Date Incorporated or Qualified 05/07/1982	3a. Date of Last Report 07/13/1995
2. Principal Place of Business		⊢	2a. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite, Apt #, etc.		Suite Ant # ote	Suite, Apt. #, etc		59-2198790	\$8.75 Additional
		27	<u></u>		Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5,00 May Be
23			28		Trust Fund Contribution	Added to Fees
Zip Country Zip		·-···	Country		8. This corporation has hability for in	ntangible tax under s. 199 032.
24	25 29 30		30		Florida Statutes X Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	istered Agent
IAI	NDRY, JOHN E		81	Name		
12120 SW 95 STREET MIAMI FL 33186			82	Street Addr	ess (P.O. Box Number is Not Acceptable	c)
			B3			
			84	City		85 Zip Code
						FL S zip code
office or re	to the provisions of Sections 607.0 agistered agent, or both, in the Sta mifamiliar with, and accept the obl	te of Florida. Such change was au	ithorized by	the corporate	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE						
	Signature: Type dier purited nacht of regellered a			ant signature requi	Gq while tedath, chi	
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Addition
TITLE	VSD	DELL'IE	1 3 TOTLE			Change C Accide
NAME	LANDRY, NORMA 12120 SW 95TH ST			1.2 NAME 1.3 STREET ANDRESS		
STREET ADDRESS	LHALE EL BOOGS					
CITY+ST-ZIP THILE			1.4 CITY -	51 ZIP	Change Addition	
NAME	LANDRY, JOHN E	<u></u>	2 2 NAME			
STREET ADDRESS				r adoress		
CITY - ST - ZIP	LUARD EL COCCO		2 4 City -			
TITLE			3 1 TITLE	51 21		Change Addition
NAME		•	3.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			34 CITY	1		
TITLE			4 1 THEE		Change Addition	
NAME			4 2 NAME	ĺ		
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CHTY -	ST-ZIP		
TITLE		DELETE	5 1 DTLF			Charige Addition
NAME:			5.2 NAME			
STREET ADDRESS			5.3.51REE	f ADORESS		
C:TY-ST-ZIP			5.4 CITY -	ST - 21F		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	I ADDRESS		
			6.4 CITY -			
4.4 Lido bosol	by portify that the information europ	had with this filmose vacintarily for	niched and	does not oug	lify for the exemption stated in Section 1	19 O7(3)(k) Florida Statutes I

I do hereby certify that the information supplied with this filling 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 Inat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation better receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

ANDTYPED OR PRINTED NAME OF JOHNING OFFICER OPPLINECTOR

7-24-96 305-271-7001