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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # F92000000845 (9)

1. Corporation Name
NICOLSA, INC.

Principal Place of Business:

13290 NW 45TH AVENUE
OPA LOCKA FL 33064

Mailing Address:

13290 NW 45TH AVENUE
OPA LOCKA FL 33064-4308

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

STRIAR, MICHAEL P
4601 SHERIDAN STREET
SUITE 105
HOLLYWOOD FL 33021

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 607.07(1) and 607.15(2), 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 607.07(2)(b), Florida Statutes.

SIGNATURE

[Signature]

Date

3/18/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
KARRON, RICHARD
STREET ADDRESS
13290 NW 45TH AVENUE
CITY-ST-ZIP
OPA LOCKA FL

TITLE ☐ DELETE

NAME
WOHLMAN, RITA
STREET ADDRESS
13290 NW 45TH AVENUE
CITY-ST-ZIP
OPA LOCKA FL

TITLE ☐ DELETE

NAME
VILLEGAS, RAFAEL
STREET ADDRESS
13290 NW 45TH AVENUE
CITY-ST-ZIP
OPA LOCKA FL

TITLE ☐ DELETE

NAME
LESTZ, KENNETH
STREET ADDRESS
13290 NW 45TH AVE
CITY-ST-ZIP
OPA LOCKA FL

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

☐ Change ☐ Addition

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or persons 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.

CR2E034 (9/96)