SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G67434** **(2)**

1. Corporation Name
NUANCE, INC.

Principal Place of Business	Mailing Address
8001 N.E. 2ND AVE. PO BOX 380098 MIAMI FL 33238-7398	8001 N.E. 2ND AVE. PO BOX 380098 MIAMI FL 33238-7398

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 11/08/1994

4. FEI Number: 59-2386447 ☐ 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 Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MONA, GERMAIN
1094 N.E. 91 TERRACE
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name: LEBRUN, JEAN-ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 1094 NE. 91 TERRACE
83
84 City: MIAMI SHORES FL 85 Zip Code: 33138

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: J.LEBRUN DATE: 6-26-95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PSTD	11 TITLE	PSTD	☒ Change ☐ Addition
NAME	GERMAIN, MONA	12 NAME	LEBRUN, JEAN-ROBERT	
STREET ADDRESS	1094 NE 91ST TERR	13 STREET ADDRESS	1094 NE. 91 TERRACE	
CITY-ST-ZIP	MIAMI SHORES FL	14 CITY-ST-ZIP	MIAMI SHORES FL.	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	LEBRUN, JEAN ROBERT	22 NAME	LEBRUN, HENRI-ROBERT	
STREET ADDRESS	1094 NE 91ST TERR	23 STREET ADDRESS	1094 NE 91 TERRACE	
CITY-ST-ZIP	MIAMI SHORES FL	24 CITY-ST-ZIP	MIAMI SHORES FLA.	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: J.LEBRUN 06-26-95 (305) 751 6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
LEBRUN, JEAN-ROBERT

CR2E034 (3/95)

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