FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H96910** **(5)**

1. Corporation Name
N.L. CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% PABLO CEJAS 9730 SW 5TH ST. MIAMI FL 33174	% PABLO CEJAS 9730 SW 5TH ST. MIAMI FL 33174

3. Date Incorporated or Qualified: **01/30/1986**
3a. Date of Last Report: **03/01/1994**

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

4. FEI Number: **59-2633738** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
E CEJAS, PABLO P. 9730 SOUTHWEST 5TH STREET 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 _____ DATE
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/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	LAMPRU, NICOLAOS	1.2 NAME	Demetrio H. Lampru	
STREET ADDRESS	EDIFICIO FONDO COMUN	1.3 STREET ADDRESS	Edificio Fondo Comun	
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	Caracas, Venezuela	
TITLE	VP	2.1 TITLE	DVPT	☒ Change ☐ Addition
NAME	LAMPRU, EVANGELIA H.	2.2 NAME	Nicolaos Lampru	
STREET ADDRESS	EDIFICIO FONDO COMUN	2.3 STREET ADDRESS	Edificio Fondo Comun	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	Caracas, Venezuela	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	LAMPRU, DEMETRIO H.	3.2 NAME		
STREET ADDRESS	EDIFICIO FONDO COMUN	3.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMPRU, NICOLAOS	4.2 NAME		
STREET ADDRESS	EDIFICIO FONDO COMUN	4.3 STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ Nicolaos Lampru 4-21-95 305-553-3061
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0189437 CP