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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K28182** (9)

1. Corporation Name
NUCONEX, INC.

Principal Place of Business: 19812 W DIXIE HWY, PO BOX 601671, N MIAMI, FL 33160, N MIAMI FL 33180, US
Mailing Address: ~~NUCONEX, INC.~~ PO-BOX-601671-N MIAMI, FL-33160, GOLDEN BCH FL-33160, US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 07/09/1988
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0061685
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country
26: NUCONEX, INC.
27: P.O. BOX 601671
28: N. MIAMI BEACH
29: 33160
30: FL.

9. Name and Address of Current Registered Agent
GRIGA, FRANK
308 S PARKWAY
GOLDEN BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: GRIGA, FRANK
STREET ADDRESS: 308 S PARKWAY
CITY-ST-ZIP: GOLDEN BEACH FL

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)(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 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 or both, or on an attachment with an address.

SIGNATURE: **Frank Griga** 03/16/95 (33) 933-9875
DATE: _____