

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

***AMENDED CORPORATION ANNUAL REPORT 1995**



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

APPROVED AND FILED

95 JUN 29 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28182

1. Corporation Name

NUCONEX, INC.

Principal Place of Business

Mailing Address

308 South Parkway Golden Beach, FL 33160
c/o RICHARDS 2665 So. Bayshore Dr Suite 900 Miami, FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

7/13/88

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0061685

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

30

Country

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

81 Name

Timothy D. Richards, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2665 South Bayshore Dr. #900

83

84 City

Miami

FL

85 Zip Code 33133

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

Timothy D. Richards

Signature, typed in printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

4/19/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Zsuzsanna Griga	
13 STREET ADDRESS	308 South Parkway	
14 CITY - ST - ZIP	Golden Beach, FL 33160	
21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zsuzsanna Griga	
23 STREET ADDRESS	308 South Parkway	
24 CITY - ST - ZIP	Golden Beach, FL 33160	
31 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Amado Garcia	
33 STREET ADDRESS	9500 South Dadeland Blvd. #706	
34 CITY - ST - ZIP	Miami, FL 33156	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	300001530983	
44 CITY - ST - ZIP	-07/06/95--01063--022	
	*****70.00 *****70.00	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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: *Timothy D. Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6/19/95

DATE

CLERK'S NAME

CH