

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K28182 (9)**

1. Corporation Name
NUCONEX, INC.



Principal Place of Business
**308 S. PARKWAY
GOLDEN BCH. FL 33160
US**

Mailing Address
~~★ RICHARDS
2685 S. BAYSHORE DR. STE. 800
MIAMI FL 33133
US~~

3. Date Incorporated or Qualified **07/09/1988** 3a. Date of Last Report **03/21/1995**

4. FEI Number **65-0061685** 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. Suite, Apt. #, etc. 26. **9500 S. Dadeland Blvd**

22. City & State 27. **Suite # 705**

23. Zip 28. **MIAMI - FL**

24. Country 25. 29. **33156** 30. **DADE**

9. Name and Address of Current Registered Agent

~~RICHARDS, TIMOTHY D.
2685 S. BAYSHORE DR. #800
MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
AMADO GARCIA

83. **9500 S. Dadeland Blvd. Ste. 705**

84. City **MIAMI** FL 85. Zip Code **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/12/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZSUZSANNA, GRIGA	
STREET ADDRESS	308 S. PARKWAY	
CITY-ST-ZIP	GOLDEN BCH. FL 33160	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AMADO, GARCIA	
STREET ADDRESS	9500 S. DADELAND BLVD. #700	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	AMADO GARCIA
23 STREET ADDRESS	9500 S. DADELAND BLVD. STE. 705
24 CITY-ST-ZIP	MIAMI FL. 33156
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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	800001784738
63 STREET ADDRESS	-04/18/96--01007--007
64 CITY-ST-ZIP	***200.00

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 trustee 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: *[Signature]* DATE: **4/12/96** TELEPHONE: **(205) 670-9750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)