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 # K54474 (7)

1. Corporation Name

NIOS INVESTMENTS INC.

Principal Place of Business
10462 N.W. 31ST TERRACE
MIAMI FL 33172

Mailing Address
10462 N.W. 31ST TERRACE
MIAMI FL 33172

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 7601 SW Lost River Rd
Suite, Apt. #, etc.
22
City & State
23 Stuart, FL
Zip 24 34997 Country 25 USA

2a. Mailing Address
26 7601 SW Lost River Rd.
Suite, Apt. #, etc.
27
City & State
28 Stuart, FL
Zip 29 34997 Country 30 USA

4. FEI Number: 52-1559720 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — **$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 [X] No

9. **Name and Address of Current Registered Agent**

MARTIN TABOR & ASSOCIATES
10462 N.W. 31 TERRACE
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: martin Tabor & Associates
82 Street Address (P.O. Box Number is Not Acceptable): 7601 SW Lost River Rd.
83
84 City: Stuart FL 85 Zip Code: 34997

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 [signature] PRESIDENT DATE 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	TABOR, MARTIN A.	
STREET ADDRESS	10462 N.W. 31 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[X] Change [ ] Addition
1.2 NAME	Tabor, Martin A.	
1.3 STREET ADDRESS	7601 SW Lost River Rd.	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
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)(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: [signature] Pres. 4/29/96 (407) 220-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin A. Tabor

CR2E034 (12/95)