FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58695

(3)

NICROX CORPORATION

STREET ADDRESS

CITY-ST-ZIP

May 09 1997 8:00am						
Secretary of State						

EII ED

Principal Place of Business Mailing Address					
11865 SW 26 STREET MIAMI FL 80176- 35157	C/P J. HERNANDEZ 1150 NW 72ND AVE., #307 MIAMI FL 33126-1920 US				
			3. Date Incorporated or Qualified 01/17/1989	3a. Date of Last Report 05/02/1996	
2. Principal Place of Business 2a. Mailing Ad		ddress		4. FEI Number	Applied For
21	26	26		65-0137417	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 2 27		, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 3 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	2 φ Country 29 30			8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes 🏿 No
9, Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Agent
LINARES, DIEGO 8124 SW 158TH TERRACE MIAMI FL 33175			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			74 City FL 85 Zip Code		
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such char	nge was authorized	i by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	eurpose of changing its registered of the appointment as registered

SIGNATURE Signature, typed or printed name of registered agent and lide if applicable (NOH Registered Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE TITLE 1.1 HILE LINARES, DIEGO NAME 1.2 NAME 8124 SW 158TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 3315 3 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition 217016 TITLE LINARES, IVONNE 2.2 NAME 8124 SW 158TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL33176 33/5-CITY-ST-ZIP 2 4 CHTY - ST - ZIP Change Addition DELETE 31 THILF NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CTY-S1-ZIP CITY-ST-ZIP DELFTE Addition 4.1 TOLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.11010 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5,4 C(TY - S1 - ZIP __ Change ☐ Addition DELETE 6 1 1 TLE TITLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing 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 eath; 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.

6.3 STREET ADDRESS 6.4 CHTY- \$1 - ZIP