

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K79015 (9)**

1. Corporation Name
JORGE NUCHE DESIGN GROUP, INC.



Principal Place of Business: **8380 S.W. 149TH DRIVE MIAMI FL 33158**
Mailing Address: **8380 S.W. 149TH DRIVE MIAMI FL 33158**

3. Date Incorporated or Qualified: **04/07/1989** 3a. Date of Last Report: **05/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0171117		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LACAL, EMILIO H. 2450 S.W. 137TH AVENUE SUITE 221 MIAMI FL 33175				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D NUCHE, JORGE G. <input type="checkbox"/> DELETE			1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	8380 S.W. 149TH DRIVE			12. NAME			
STREET ADDRESS	MIAMI FL			13. STREET ADDRESS			
CITY-ST-ZIP				14. CITY-ST-ZIP			
TITLE	D NUCHE, SARA A. <input type="checkbox"/> DELETE			2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	8380 S.W. 149TH DRIVE			22. NAME			
STREET ADDRESS	MIAMI FL			23. STREET ADDRESS			
CITY-ST-ZIP				24. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address.

SIGNATURE: *Jorge Nuche* **Jorge Nuche (President) 5/1/96 305/238-7586**

CR2E034 (12/95)