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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

K90850

(4)

NICARAGUA'S BUSINESS CORPORATION INC.

Principal Place of Business
1154 SW 8TH STREET

Mailing Address

1154 SW 8TH STREET



33130 33145		33130 33145				. Tea burst	of Deep	
					 Date Incorporated or Qualification 05/25/1989 		1/1995	5
2. Princinal Place	of Busine's	2a. Mailing Address			4. FEI Number	1		lied For
1001	W. FLAGIERS	26			65-0120055			Applicable
Suite, Apt. #, (etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 77	3.75 Ad Fee Req	
City & State City & State					6. Election Campaign Financin Trust Fund Contribution		5.00 M Added to	Fees
3 <i> [^V(1)] H</i> 1 3313	Country A	2ip Coun 29 30		ntry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yo			
1	9. Name and Address of Curren		1771		10. Name and Address of Ne	w Redistered Agen	t	
				81 Name				
VANEGAS, LUIS A.				82 Street Address (P.O. Box Number is Not Acceptable)				
27 NW MIAMI F				83				
				84 City		FL 85	Zip Co	ode
del Our most to	the emploines of Sections 607 0502	and 607 1508. Florida Statut	es the abo	ve-named co	orporation submits this statement for the	e purpose of changing	g its regis	stered office
familiar with, SIGNATH IBE	and accept the obligations of, Socti	on 607.0505, Florida Statutes	S.		board of directors. I hereby accept the	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO			
TITLE	PD	DELETE	1.11	ME		Ch	ange [Addition
vAME	VANEGAS, LUIS A.		12 N	IAME				
THE LADDRESS	1720 SW 22TH TERR		135	TREET ADDRESS				
CITY - \$1 - 2IP	MIAMI FL		140	HY-ST-ZIP				
IIIU	TSD	DELETE	2.1	TELE		☐ Ch	iange [Addition
NAME	VANEGAS, FATIMA		221	IAME				
STREET ADDRESS	1720 SW 22TH TERR		235	STREET ADDRESS				
CITY - ST - ZIF	MIAMI FL		240	CHY-ST-ZIP				
1014.5		☐ DELETE	3 1	TITLE		Cr	iange [Addition
NAME			321	NAME				
STHEE: ADDRESS			3.3	STHEFT ADDRESS	1			
CHY SI-ZIP			34(DITY-S1-ZIP				
Min E		☐ DELETE	4 1	TIFLE		C C	nange [Addition
NAM:			421	NAME	1			
STREET ADDRESS			43	STREET ADDRESS				
C(1) Y = S(1 - Z(2)			4.4	CITY - ST - ZIP				
101.F		DELETE	5 1	TITLE			nange	Addition Addition
NAM't			52	NAME				
STREET ADDRESS	/		5.3	STREET ADDRESS				
(1) Y-\$1 ZIP	/ ^	1	. 54	CITY-ST-ZIP				
1011-91 45	14	DELETE		TILE		□ C	hange	Addition
NAME	/ / \	\\\	6.2	NAME				
STREET ADDRESS	/ _ \	V\	6.3	S REE1 ADDRESS				
		X /	6.4	CITA - 21 - 216	·			
14. Ldo hereby	certify that the information supplied	with his filing is voluntarily fu			ualify for the exemption stated in Section	n 119.07(3)(k), Florida	Statutes	i. I further
certify that	the information indicated on this arm	are too or the receiver or trus	tee emnow	i is true and a vered to exect	uality for the exemption stated in Section accurate and that my signature shall have ute this report as required by Chapter 6	i07, Florida Statutes;	and that	my name
appears in	Block 12 or Block 1911 changed	an attachment with an ad	ldress.					
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