

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K90850
1. Corporation Name
NICARAGUA BUSINESS CORP

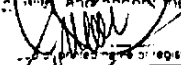
Principal Place of Business
27 NW 13 AVE
MIAMI FL 33125

Mailing Address
c/o JSE TORRES CPA
18021 NW 41 PL
MIAMI FL 33055

2. Principal Place of Business 21 Suite Apt # etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt # etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06-25-89	3a. Date of Last Report
		4. FEI Number 65-0120055	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	

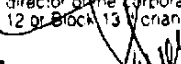
9. Name and Address of Current Registered Agent LUIS A VANEGAS - PRES 2295 SW 64 AVE MIAMI FL 33155	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to 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 4-30-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	55. TITLE 56. NAME 57. STREET ADDRESS 58. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 or on an attachment with an address.

SIGNATURE  DATE 4-30-97
Ph: 326-3347