

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**\*PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L05818 (4)**  
 1. Corporation Name  
**NICASTILLO CORP.**



Principal Place of Business Mailing Address  
**1096 SW 27 AVE MIAMI FL 33135-4634**      **1096 SW 27 AVE MIAMI FL 33135-4634**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1989</b>	3a. Date of Last Report <b>01/31/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0138254</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>CASTILLO, SERGIO N 1096 SW 27TH AVE MIAMI FL 33135-4634</b>		81 Name <b>Carlos A. Centeno</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>2990 NW 3 Street</b>		
		83			
		84 City <b>Miami</b>	85 Zip Code <b>FL 33129</b>		

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]* DATE: **6/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	11 TITLE	<b>P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CENTENO, CARLOS</b>	12 NAME	<b>Carlos A Centeno</b>
STREET ADDRESS	<b>1096 SW 27 AVE</b>	13 STREET ADDRESS	<b>1096 SW 27 Avenue</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	<b>Miami, Florida 33135</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, JULIA</b>	22 NAME	
STREET ADDRESS	<b>1096 S.W. 27TH AVE.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<b>500001897645</b>
NAME		62 NAME	<b>-07/18/96--01024--010</b>
STREET ADDRESS		63 STREET ADDRESS	<b>***225.00</b>
CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/13/96** (305) 649-5694

CR2E034 (3/96)