FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22349** **(9)**

1. Corporation Name

NUWAY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1780 NW 93RD AVE. MIAMI FL 33172	1780 NW 93RD AVE. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1989	08/01/1994

21 2. Principal Place of Business: 8500 N.W. 30th TERR.

26 2a. Mailing Address: SAME

4. FEI Number: 65-0323720 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: MIAMI, FL.

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 33172 25 County: DADE

29 Zip 30 Country

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACEVEDO, EDUARDO 1780 NW 93RD AVE. MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8500 N.W. - 30TH TERR. 83 84 City: MIAMI FL 85 Zip Code: 33172

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 _____
Signature, typed or printed name of registered agent and title if agent is an officer — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	ACEVEDO, EDUARDO	12 NAME	
STREET ADDRESS	1780 NW 93RD AVENUE	13 STREET ADDRESS	8500 N.W. 30 TH TERR.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33172
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ARIAS, JUAN L.	22 NAME	
STREET ADDRESS	4A AVENDIA 2-44, ZONA 10	23 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA, C.A.	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MIRON, EDUARDO	32 NAME	
STREET ADDRESS	4A AVENDIA 2-44, ZONA 10	33 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA, C.A.	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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 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 on an attachment with an address.

SIGNATURE: _____ 4/24/95 Date 305-470-2007 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100400 CP