FILE	NOW: FIL	ING FEE AF	TER MAY 1ST IS	\$ \$550.00	FIL	ΕD
	PROFIT	CHI LO	FLORIDA DEPART			
	CORPORATION Sandra B				Mar 24 199	98 8:00an
ANNUAL REPORT  1998		Secretary of State FIVISION OF CORPORATIONS		Secretary of State		
DOCUMENT # L22923 (1)						
NUSON	IICS INCORPO	DRATED				
Principal Place	e of Business		Mailing Address			81814 01811 01914 93811 01911 1894
7501 NW 52 STREET SUITE A			7501 NW 52 STREET SUITE A			
MIAMI FL 33166 US			MIAMI FL 33166 US		DO NOT WRITE IN TH  3. Date Incorporated or Qualified	HIS SPACE
US			US		10/13/1989	
	lace of Business	T	2a. Mailing Address	- T	4. FEI Number	Applied For
21 NμS Suite, Apt	BONICS .	TNC	26 NUSONIC Suile, Apt. #, etc.	S TNC	65-0151281	Not Applicable  \$8.75 Additional
22 50 S		14 Ave	27 PO. BOX.	520945	5. Certificate of Status Desired	Fee Required
City & State 23 MIA		_	City & State  28 MIAmi	FLA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 <b>/////</b> Zip		ff •	28] <i>[M] [A [M]</i>	Country	This corporation owes or has paid the	
24 33		Address of Current R	29 33152-0944	30	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
CH	IA:KIM, BARBAR		egistereo Agent	81 Name	10. Name and Address of New Register	ed Agent
AAAA GOUTH MEGT GODD OT					dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33183				83		
•						10-1 7: 0-4
				84 City		Zip Code
11. Pursuant office or ragent 1 a	to the provisions o egistered agent, o im farmat with	I Sections 607.0502 a r both, is the State of our copil We poligatio	nd 607.1508, Florida Statute: Florida. Such change was au ns of, Section 607.0505, Flor	s, the above-named cor athorized by the corpora ida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	\$11/lo	affen	)		ulred when reinstating) DA	
12.	Signature, special or pricti	OF LICERS AND D		Ringistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DDF 4	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	CHA-KIM, AN 14209 SW 62			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	. •		1.4 CITY-ST-ZIP		
TITLE	VP		☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	CHA-KIM, VIC 14221 SW. 8			2.2 NAME 2.3 STREET ADDRESS		
CITY-SI-ZIP	MIAMI FL			2. 4 CITY - ST - ZIP		
TITLE	ST	DD101	☐ DELL'IE	31 TITLE		Change Addition
NAME STREET ADDRESS	CHA-KIM, BA 14221 SW 83			3.2 NAME 3.3 SYREET ADDRESS		
CITY-ST-ZIF	MIAMI FL			3.4. CITY-S1-ZIP		
TITLE			☐ DELETE	4.1 TOLE	•	Change Addition
NAME CTOSES ASSESSED				4. 2 NAME		
STREET ADDRESS CHTY-ST-ZIF				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	<b></b>		DETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<b>]</b>		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME				62 NAME		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 trusted 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 attentional with an address.

SIGNATURE:

3/11/98

305-S91-0005

STREET ADDRESS

305-591-0005