FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M49751** **(4)**

1. Corporation Name
NU' MAIN OF FLORIDA, INC.

Principal Place of Business
8200 W SUNRISE BLVD SUITE C-6
P. O. BOX 189005
PLANTATION FL 33318

Mailing Address
8200 W SUNRISE BLVD SUITE C-6
P. O. BOX 189005
PLANTATION FL 33318

3. Date Incorporated/Qualified **04/06/1987**
3a. Date of Last Report **04/25/1995**

4. FEI Number **59-2797354** [ ] 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 is subject to intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
BOWIE, MIRNA
8200 W. SUNRISE BLVD.
SUITE C-6
PLANTATION FL 33318

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

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, 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 business entity is changed, the corporation to be charged with the duties of this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505 and 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	OLIVERI, ANGELO	
STREET ADDRESS	8200 W. SUNRISE BLVD.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VTS	[ ] DELETE
NAME	ESPANA, FRANK	
STREET ADDRESS	8200 W. SUNRISE BLVD., #C-6	
CITY - ST - ZIP	PLANTATION FL 33318	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
55 TITLE	[ ] Change	[ ] Addition
56 NAME		
57 STREET ADDRESS		
58 CITY - ST - ZIP		
59 TITLE	[ ] Change	[ ] Addition
60 NAME		
61 STREET ADDRESS		
62 CITY - ST - ZIP		
63 TITLE	[ ] Change	[ ] Addition
64 NAME		
65 STREET ADDRESS		
66 CITY - ST - ZIP		
67 TITLE	[ ] Change	[ ] Addition
68 NAME		
69 STREET ADDRESS		
70 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this report is accurate, and does not exceed the compensation stated in Section 119.07(4)(a), 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 business agent appointed by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a separate attachment, with an address.

SIGNATURE: FRANK ESPANA 3-27-96 305-476-9202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)