

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 # **P14372** (7)

1. Corporation Name

**NU-KOTE LATIN AMERICA, INC.**



Principal Place of Business

**12215 SW 129 COURT  
MIAMI FL 33186**

Mailing Address

**12215 SW 129 COURT  
MIAMI FL 33186**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**05/08/1987**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**58-1735923**

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

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 607.0502 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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                            |  |
|----------------------------|----------------------------|--|
| TITLE                      | PCD                        | <input checked="" type="checkbox"/> DELETE |
| NAME                       | HOWE, HUBBARD C            |  |
| STREET ADDRESS             | 126 E. 58TH ST.            |  |
| CITY- ST- ZIP              | NEW YORK NY 10022          |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            |
| NAME                       | CHOIS, ARTURO              |  |
| STREET ADDRESS             | 10481 SW 62 STREET         |  |
| CITY- ST- ZIP              | MIAMI FL 33173             |  |
| TITLE                      | V                          | <input checked="" type="checkbox"/> DELETE |
| NAME                       | BRIGANTE, DAVID F          |  |
| STREET ADDRESS             | 17950 PRESTON RD SUITE 690 |  |
| CITY- ST- ZIP              | DALLAS TX                  |  |
| TITLE                      | TS                         | <input type="checkbox"/> DELETE            |
| NAME                       | SCHMECK, ANTHONY G         |  |
| STREET ADDRESS             | 3424 STEVEN DR.            |  |
| CITY- ST- ZIP              | PLANO TX 75075             |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME                       | DRESDALE, RICHARD C        |  |
| STREET ADDRESS             | 885 THIRD AVE., STE 2800   |  |
| CITY- ST- ZIP              | NEW YORK NY                |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE            |
| NAME                       |                            |  |
| STREET ADDRESS             |                            |  |
| CITY- ST- ZIP              |                            |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |  |
|---|-------------------------------|--|
| 1.1 TITLE   | President / Director          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | Peter Kunoth                  |  |
| 1.3 STREET ADDRESS                                    | 17950 Preston Road, Suite 690 |  |
| 1.4 CITY- ST- ZIP                                     | Dallas, TX 75252              |  |
| 2.1 TITLE   | Vice President / Director     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | Daniel Kerrage                |  |
| 2.3 STREET ADDRESS                                    | 17950 Preston Road, Suite 690 |  |
| 2.4 CITY- ST- ZIP                                     | Dallas, TX 75252              |  |
| 3.1 TITLE   | Assistant Treasurer           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Steven Di Pasquale            |  |
| 3.3 STREET ADDRESS                                    | 17950 Preston Road, Suite 690 |  |
| 3.4 CITY- ST- ZIP                                     | Dallas, TX 75252              |  |
| 4.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |                               |  |
| 4.3 STREET ADDRESS                                    |                               |  |
| 4.4 CITY- ST- ZIP                                     |                               |  |
| 5.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                               |  |
| 5.3 STREET ADDRESS                                    |                               |  |
| 5.4 CITY- ST- ZIP                                     |                               |  |
| 6.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                               |  |
| 6.3 STREET ADDRESS                                    |                               |  |
| 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

*Steven Di Pasquale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- TREASURER 4/25/96

Date

Daytime Phone #

CR2E034 (12/95)