

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:29

DOCUMENT # P93000018625 (2)

1. Corporation Name  
**NASIO CORPORATION**

Principal Place of Business: 8350 S DIXIE HWY PH-2 MIAMI FL 33156  
Mailing Address: 245 VISCAYA CORAL GABLE FL 33134 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/11/1993	04/12/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		65-0400606	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		<input type="checkbox"/>	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country		<input type="checkbox"/>	
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NASIO, RUBEN 245 VISCAYA CORAL GABLE FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 filer if applicable) DATE: \_\_\_\_\_ (Registered Agent signature required when verifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASIO, RUBEN A	1.2 NAME	
STREET ADDRESS	245 VISCAYA	1.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLE FL	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASIO, RUBEN A	2.2 NAME	
STREET ADDRESS	245 VISCAYA	2.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLE FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information appearing with this filing is voluntarily furnished and that I am duly qualified for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 in person; that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 407, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an other named with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
 RUBEN NASIO  
 2/14/95 (305) 443-8220