

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 33134-7329
US**

3. Date Incorporated or Qualified **03/11/1993** 3a. Date of Last Report **03/27/1996**

2. Principal Place of Business 21 245 VISCAYA Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 65-0400606 Applied For Not Applicable
22 City & State 23 CORAL GABLE	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33134 25 Country DADE	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: _____ DATE: **1/7/97** DAYTIME PHONE #: **305 443-8220**

CR2E034 (9/96)