FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033560 (2)

1. Corporation Name
NEMCORP INTERNATIONAL INC.

Principal Place of Business	Mailing Address
150 SW 12 AVE. STE. 201-5 POMPANO BCH. FL 33069 US	150 SW 12 AVE. STE. 201-5 POMPANO BCH. FL 33069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0421197 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~AKIL, TUFIC~~
~~150 SW 12 AVE.~~
~~STE. 201-5~~
~~POMPANO BCH. FL 33069~~

10. Name and Address of New Registered Agent

81 Name: JEFFREY P. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 5580 PACIFIC BLVD #518
83
84 City: BOCA RATON, 85 FL Zip Code: 33433

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: Jeffrey P. Smith JEFFREY P. SMITH PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DPT~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~AKIL, TUFIC~~	1.2 NAME		
STREET ADDRESS	~~2501 BRICKELL AVE., APT. 807~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP		
TITLE	~~DVG~~	2.1 TITLE	PRESIDENT / TREASURER	☒ Change ☐ Addition
NAME	SMITH, JEFFREY	2.2 NAME	SMITH, JEFFREY P.	
STREET ADDRESS	~~6101 SW 90TH CT.~~	2.3 STREET ADDRESS	5580 PACIFIC BLVD #518	
CITY-ST-ZIP	~~DAVIE FL 33328~~	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		3.2 NAME	WAYDA, MARK	
STREET ADDRESS		3.3 STREET ADDRESS	404 NE 30 ST.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		4.2 NAME	SINCLAIR, MICHAEL	
STREET ADDRESS		4.3 STREET ADDRESS	1010 BRADLEY COURT	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Jeffrey P. Smith JEFFREY P. SMITH PRESIDENT 305 786 7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112148 CP