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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038196 (0)

N.A.C. CORP.

Principal Place of Business

7284 SW 40 STREET **7284 SW 40 STREET** MIAMI FL 33155-8632 MIAMI FL 33155 3a. Date of Last Report 3. Date Incorporated or Qualified 05/24/1993 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0414643 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 26 Trust Fund Contribution Added to Fees Country Zip Ziρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMILLA, ERNESTO JR. 3000 S.W. 110TH AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 63 84 City 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 Stop atom. Typical or printed name of registernal agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TIELE **PSTD** SIVILLA, ERNESTO JR. NAME 1.2 NAME 3000 S.W. 110TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** 1.4 City-St-ZiP C-TY - ST. ZIP DELETE Addition Change THE 2.1 TITLE SIVILLA, MARIA **2.2 NAME** NAMI 3000 SW 110TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST- ZIP CITY-ST-ZIE Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY-ST-ZIP CHY-ST ZP □ DELETE Change Addition 10.8 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHLY - S1 - 7IF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 11111 5.2 NAME 5.3 STREET ADDRESS STREET ACORDS COTY - ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition THILE 6.2 NAME HAM **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CiTY-ST-ZIP CUTY-SI-72 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 of 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 comoration 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 chapted, or on an examinent with an address.

FILED

Apr 01 1997 8:00am

Secretary of State

SIGNATURE:

0209716