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 # P94000000727(5)

1. Corporation Name

Next Holdings Corporation

Principal Place of Business	Mailing Address
% Zimble Formoso-Murias Esq. 1101 Brickell Ave. Miami, Florida 33131	% Zimble Formoso-Murias Esq. 1101 Brickell Ave. Miami, FL 33131

3. Date Incorporated or Qualified: 12/29/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business: 901 Ponce de Leon Blvd.
Suite, Apt. #, etc.: Suite 600
City & State: Coral Gables
Zip: 33134
Country: USA

2a. Mailing Address: 901 Ponce de Leon Blvd
Suite, Apt. #, etc.: Suite 600
City & State: Coral Gables
Zip: 33134
Country: USA

4. FEI Number: 65-0457412
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.75 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

9. Name and Address of Current Registered Agent

HECTOR FORMOSO-MURIAS, ESQ.
% Zimble Formoso-Murias P.A.
1101 Brickell Ave., Penthouse
Miami, FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A) 13
TITLE	DPS	☐ DELETE
NAME	Gruszka, Rafael	
STREET ADDRESS	1101 Brickell Ave.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DV	☐ DELETE
NAME	Flasz, Igor	
STREET ADDRESS	1101 Brickell Ave.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DT	☐ DELETE
NAME	Padua, Jose	
STREET ADDRESS	1101 Brickell Ave.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A) 13	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	300001791963
43 STREET ADDRESS	-04/24/96--01014--010
44 CITY-ST-ZIP	***200.00
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2EC04 (12/95)

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 the 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: X Rafael Gruszka 4/12/96 (305) 445-6171
Signature and Typed or Printed Name of Individual and Capacity or Position Here — Date — Daytime Phone Number