

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000018287 (0)

1. Corporation Name

NELANA CORPORATION



Principal Place of Business

8936 NW 112 ST
HIALEAH FL 33016
US

Mailing Address

8936 NW 112 ST
HIALEAH FL 33016
US

2. Principal Place of Business

2a. Mailing Address

21 1345 NE 195th (City)

27 1345 NE 195th (City)

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

23 NORTH BAY VILLAGE FL

27 NORTH BAY VILLAGE FL

24 Zip

29 Zip

24 33141

29 33141

9. Name and Address of Current Registered Agent

HERNANDEZ, NELSON
8936 NW 112 ST
HIALEAH FL 33016

1345 NE 195th (City)
NORTH BAY VILLAGE FL
33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent

Signature of Secretary or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	HERNANDEZ, NELSON	
STREET ADDRESS	8936 NW 112 ST	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	DELETE
NAME	HERNANDEZ, ANA	
STREET ADDRESS	8936 NW 112 ST	
CITY-STATE-ZIP	HIALEAH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-96

305-786-0920

CR2E034 (12/95)