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 # **P94000019039 (4)**

1. Corporation Name

NCM CAPITAL, INC.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DR. **SUITE 310** **FT. LAUDERDALE FL 33304**	**915 MIDDLE RIVER DR.** **SUITE 310** **FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified: **03/11/1994**

3a. Date of Last Report: **02/13/1995**

4. FEI Number: **65-0473290** ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21 2121 Ponce de Leon Blvd	26 2121 Ponce de Leon Blvd
Suite, Apt. #, etc 22 Suite 545	Suite, Apt. #, etc 27 Suite 545
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, Fe
Zip 24 33134	Zip 29 33134
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES INC
100 N E AVE
SUITE 1100
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	NUNEZ, MANUEL	
STREET ADDRESS	915 MIDDLE RIVER DR., SUITE 310	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	V	☐ DELETE
NAME	MARIN, JAVIER JOSE	
STREET ADDRESS	915 MIDDLE RIVER DR., SUITE 310	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	☐ DELETE
NAME	GALLAGHER, VICKI	
STREET ADDRESS	915 MIDDLE RIVER DR #310	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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 IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Vickie Gallagher 5/16/96 (305) 446-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)