

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 .

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000025247

1. Corporation Name

NEC WORLDWIDE CO.

Principal Place of Business

Mailing Address

4723 NW 79 AVE.
MIAMI, FL 33166

4723 NW 79 AVE.
MIAMI, FL 33166

2. Principal Place of Business	2a. Mailing Address
21 4723 NW 79 AVE	26 4723 NW 79 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI, FL	28 MIAMI, FL
24 33166	29 33166
25 DADE	30 DADE

3. Date Incorporated or Qualified	3a. Date of Last Report
03-28-94	
4. FEI Number	Applied For
65-0381970	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIETO, WALTER A.
1248 N.W. 98 Terr.
Pembroke Pines, FL 33024

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

Signature typed or printed name of authorized 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	PSD	1.1 TITLE	
NAME	NIETO, WALTER	1.2 NAME	
STREET ADDRESS	1248 NW 98 Terr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33024	1.4 CITY-ST-ZIP	
TITLE	VDD	2.1 TITLE	
NAME	EGUEZ, CARLOS	2.2 NAME	
STREET ADDRESS	5600 NW 183 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I declare under penalty 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 disclosed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER NIETO

4-25-97 (305) 716-9905

Date

Daytime Phone #

CR2E034 (9/96)