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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P94000031449 (9)

NANATON, INC.

DOCUMENT #

Principal Place of Business	Mailing Address	VI. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
6900 S.W. 40TH ST. SUITE 173 MIAMI FL 33155	6800 S.W. 40TH ST. SUITE 173 MIAMI FL 33155			
	##### FE 90100		 Date Incorporated or Qualified 04/24/1994 	3a. Date of Last Report 05/16/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26	78. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	65-0484998	Not Applicable
222	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability for in	
	29	30	Florida Statutes	[] No
9. Name and Address of Current Re	egistered Agent		10. Name and Address of New Re	egistered Agent
		81 Name		
DE LA OSSA, LUCELLY		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
6800 S.W. 40TH ST.				
SUITE 173		83		
MIAMI FL 33155		84 City		■■ 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and or registered agent, or both, in the State of Florida. § familiar with, and accept the obligations of, Section 6 SIGNATURE 	such change was authoriz	zed by the comoration's boal	ration submits this statement for the purp rd of directors. Thereby accept the appo	oose of changing its registered office introent as registered agent. I am
Signature, typied or printed name, of registered agent and to	he flappicable (NC	OTE: Registered Agent signature require	d when reinstating)	DATE
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE		Change Addition
NAME HERRERA, EDUARDO A		1.2 NAME		
STREET ADDRESS 6800 S.W. 40TH ST. #173		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY - ST-ZIP		
TITLE D		2 1 7/7/ 5		
0	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME DE LA OSSA, LUCELLY	[] DELETE	2.2 NAME		Change Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

1/29/96 385 2.741 Date Daytin & Phone #