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Apr 25 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 # P94000031449 (9)

1. Corporation Name  
NANATON, INC.



Principal Place of Business

Mailing Address

6800 S.W. 40TH ST.  
SUITE 173  
MIAMI FL 33155

6800 S.W. 40TH ST.  
SUITE 173  
MIAMI FL 33155-3755

2. Principal Place of Business

2a. Mailing Address

21 8669 SW 137 Ave

26 8669 SW 137 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33183

25 DADE

29 33183

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA OSSA, LUCELLY  
6800 S.W. 40TH ST.  
SUITE 173  
MIAMI FL 33155

81 Name

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

8669 SW 137 Ave

83

84 City MIAMI

FL

85 Zip Code 33183

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 registered 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 D  
NAME HERRERA, EDUARDO A  
STREET ADDRESS 6800 S.W. 40TH ST. #173  
CITY - ST - ZIP MIAMI FL 33155

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8669 SW 137 Ave  
1.4 CITY - ST - ZIP MIAMI FL 33183

TITLE D  
NAME DE LA OSSA, LUCELLY  
STREET ADDRESS 6800 S.W. 40TH ST. #173  
CITY - ST - ZIP MIAMI FL 33155

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 8669 SW 137 Ave  
2.4 CITY - ST - ZIP MIAMI FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify 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 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 (305) 385-2791  
Date Daytime Phone #

CR2E034 (9/96)