

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 20 11:10:59

**DOCUMENT # P94000069280 (3)**

1. Corporation Name  
**R.A. NUNO & CO., INC.**

Principal Place of Business 9350 S. DIXIE HIGHWAY PENTHOUSE #1 MIAMI FL 33156	Mailing Address 9350 S. DIXIE HIGHWAY PENTHOUSE #1 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23	2a. Mailing Address 26 10622 S.W. 69TH TR. Suite, Apt. #, etc. 27 City & State MIAMI, FL 28 Zip 33173 Country USA 30
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3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report
4. FEI Number 65-0516213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability of intangible tax under S. 199 (332), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NUNO, ROBERT A**  
**9350 S. DIXIE HWY**  
**PENTHOUSE #1**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Robert A. Nuno* (Signature, Typed or printed name of registered agent and title if applicable) DATE: \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>NUNO, ROBERT A</b>
STREET ADDRESS	<b>9350 S. DIXIE HWY PENTHOUSE #1</b>
CITY ST ZIP	<b>MIAMI FL 33156</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), 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, whichever is applicable, in an attachment with an address.

SIGNATURE: *Robert A. Nuno* (Signature and Typed or Printed Name of Signing Officer or Director) DATE: 6/3/95 (Date) TELEPHONE: (305) 735-9000 (Telephone Area & Number)