FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078772 (8)

1.

NAUTINORCA, INC.

Principal Place of Business	Mailing Address
12111 SW 131ST AVE MIAMI FL 33186	12111 SW 131ST AVE MIAMI FL 33186

3. Date Incorporated or Qualified: 10/26/1994

3a. Date of Last Report

4. FEI Number: 65-0533468 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 151 Majorca Avenue	26 13916 SW 102 Lane
22 Suite C	27
23 Coral Gables Florida	28 Miami,
24 33134 / 25	29 33186 / 30 USA.

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Gabriel Prats
82 Street Address (P.O. Box Number is Not Acceptable): 151 Majorca Avenue, Suite C
83
84 City: Coral Gables, FL 85 Zip Code: 33134

11. [illegible]

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ PANDO, MARIA A
STREET ADDRESS	12111 SW 131ST AVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D
NAME	LOPEZ PANDO, FRANCISCO
STREET ADDRESS	12111 SW 131ST AVE
CITY-ST-ZIP	MIAMI FL 33186
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

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
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TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. [illegible]

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 238-9992

0203575 CP