SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087346 (0)**

1. Corporation Name
NACS SRL, CORPORATION

Principal Place of Business	Mailing Address
9350 S DIXIE HWY PENTHOUSE 2 MIAMI FL 33156	9350 S DIXIE HWY PENTHOUSE 2 MIAMI FL 33156

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business	2a. Mailing Address
21 21120 JIB CT.	26 21120 JIB CT.
Suite, Apt #, etc. 22 K 13	Suite, Apt #, etc. 27 K 13
City & State 23 AVENTURA, FL	City & State 28 AVENTURA, FL
Zip 24 33180	Country 25 U.S.A.
Zip 29 33180	Country 30 U.S.A.

4. FEI Number: 65-0539521 ☐ Applied For ☐ 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 ☒ No

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 S DIXIE HWY
PENTHOUSE 2
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: PLOTNIK, EVA
82 Street Address (P.O. Box Number is Not Acceptable): 21120 JIB CT.
83 UNIT # K 13
84 City: AVENTURA, FL 85 Zip Code: 33180

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] (Signature & typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed.) DATE: JULY 01 - 96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PLOTNIK, EVA 9350 S DIXIE HWY PENTHOUSE 2 MIAMI FL 33156	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 21120 JIB CT. # K13 AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS PLOTNIK, EVA 9350 S DIXIE HWY PENTHOUSE 2 MIAMI FL 33156	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 21120 JIB CT. # K13 AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 119.07(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 617, 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] 07 - 01 - 96 (305) 495-3395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #