

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000091653 (3)

1. Corporation Name

NACASCOLO STUD, INC.

Principal Place of Business

ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.  
STE. 3400  
MIAMI FL 33131-1897

Mailing Address

ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.  
STE. 3400  
MIAMI FL 33131-1897

FILED  
Apr 26, 1996 08:00 AM  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1994		3a. Date of Last Report 04/27/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0544088		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.  
ONE BISCAYNE TOWER TWO SO. BISCAYNE BLVD.  
STE. 3400  
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, RAFAEL A	1.2 NAME	
STREET ADDRESS	3598 YACHT CLUB DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NO. MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, JAVIER R	2.2 NAME	
STREET ADDRESS	3598 YACHT CLUB DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NO. MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, GUILLERMO C	3.2 NAME	
STREET ADDRESS	3598 YACHT CLUB DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NO. MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<del>AS</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>VALDES-FAULI, RAUL E.</del>	4.2 NAME	
STREET ADDRESS	<del>200 BISCAYNE BLVD SUITE 3400</del>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL</del>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

4/10/96 (305) 376-6000

CR2E034 (12/95)