

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 11 3: 19

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093061 (7)**

1. Corporation Name

NABITECH, INC.

Principal Place of Business
**16500 N.W. 15TH AVENUE
MIAMI FL 33169**

Home Office
**16500 N.W. 15TH AVENUE
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21		26		12/27/1994			
22. State App. #		27. State App. #		4. FEI Number		Applied For	
22		27		65-0560460		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
24. Zip		25. Zip		29. Zip		30. Zip	
24		25		29		30	
6. Use the Campaign Finance Reporting Fund Contribution				8. This corporation has liability for intangible tax under s. 689.03, Florida Statute.			
<input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORTH AMERICAN BIOLOGICALS, INC. 16500 NW 15TH AVENUE MIAMI FL 33169				81. Name			
				82. Street Address (P.O. Box Number, Not Acceptable)			
				83. City			
				84. State			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.05(2) and 607.12(2), Florida Statute, 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 607.05(2), Florida Statute.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONAL OFFICERS AND DIRECTORS		
12.1 TITLE	President - Director		13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.2 NAME	David J. Gury		13.2 NAME		
12.3 STREET ADDRESS	16500 NW 15TH AVE		13.3 STREET ADDRESS		
12.4 CITY & STATE	Miami, FL 33169		13.4 CITY & STATE		
12.5 TITLE	Secretary		13.5 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.6 NAME	Constantine Alexander		13.6 NAME		
12.7 STREET ADDRESS	16500 NW 15TH AVE		13.7 STREET ADDRESS		
12.8 CITY & STATE	Miami, FL 33169		13.8 CITY & STATE		
12.9 TITLE	Treasurer		13.9 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.10 NAME	Dorvaine M. Brece		13.10 NAME		
12.11 STREET ADDRESS	16500 N.W. 15TH AVE		13.11 STREET ADDRESS		
12.12 CITY & STATE	Miami, FL 33169		13.12 CITY & STATE		
12.13 TITLE	Vice President & Assistant Secretary		13.13 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.14 NAME	Alfred J. Fernandez		13.14 NAME		
12.15 STREET ADDRESS	16500 N.W. 15TH AVE		13.15 STREET ADDRESS		
12.16 CITY & STATE	Miami, FL 33169		13.16 CITY & STATE		
12.17 TITLE	Director		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME	John C. Carlisle		13.18 NAME		
12.19 STREET ADDRESS	16500 NW 15TH AVE		13.19 STREET ADDRESS		
12.20 CITY & STATE	Miami, FL 33169		13.20 CITY & STATE		
12.21 TITLE			13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.22 NAME			13.22 NAME		
12.23 STREET ADDRESS			13.23 STREET ADDRESS		
12.24 CITY & STATE			13.24 CITY & STATE		

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 607.05(2)(b), Florida Statute. 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 officer or director responsible to prepare this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Joyce Brece* **Joyce Brece** 5/1/95 305-655-5303
 SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR