

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000019441 (1)

1. Corporation Name
NU HOUSE, INC.



Principal Place of Business: **2100 SAN SOUCI #609 NORTH MIAMI FL 33181**
Mailing Address: **2100 SAN SOUCI #609 NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified: **03/09/1995**
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. F.I.T. Number		Applied For	
21	940 Lincoln Road	26	940 Lincoln Road	65-0562534		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	Suite # 223	27	Suite # 223	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	Miami Beach, Florida	28	Miami Beach, Florida	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24	Zip 33139	25	Country U.S.	29		30	
Zip 33139		Country U.S.		31		32	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERNANDEZ, LOURDES				81 Name Fernandez, Lourdes			
2100 SAN SOUCI #609				82 Street Address (P.O. Box Number is Not Acceptable) 940 Lincoln Road			
NORTH MIAMI FL 33181				83 Suite # 223			
				84 City Miami Beach			
				FL 85 Zip Code 33139			

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEMNICKIS, ROBERT	1.2 NAME	
STREET ADDRESS	2100 SAN SOUCI #609	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LOURDES	2.2 NAME	
STREET ADDRESS	1865 BRICKELL AVE #2114A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGIN, IGGY	3.2 NAME	
STREET ADDRESS	1117 MERIDIAN AVE #7	3.3 STREET ADDRESS	D
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Virgin, Iggy
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	1125 Meridian Ave. #4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami Beach, FL 33139
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: Fernandez, Lourdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 305-538 9505
Date Telephone

CR2E034 (12/95)