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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000024852 (2)**

1. Corporation Name

NOCERA DESIGNS, INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE SUITE 103 MIAMI FL 33131	1110 BRICKELL AVE SUITE 103 MIAMI FL 33131

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:
4. FEI Number: 65-0569945 ☐ 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

~~MANDINA, JOSEPH J~~
~~300 SEVILLA AVE~~
~~SUITE 305~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: DANIEL GUERRIERI
82 Street Address (P.O. Box Number is Not Acceptable): 950 S. MIAMI AVE FIRST FLOOR
83
84 City: MIAMI FL 85 Zip Code: 33130

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: X [signature] DANIEL GUERRIERI 4/30/96
(Signature of person appointed as registered agent) (Name of Registered Agent Typed or Printed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NOCERA, ANTONIO 1110 BRICKELL AVE SUITE 103 MIAMI FL 33131	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~NOCERA, MARCO~~ ~~1110 BRICKELL AVE SUITE 103~~ ~~MIAMI FL 33131~~	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV NOCERA, ANTONIO 1110 BRICKELL AVE. SUITE 103 MIAMI, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~NOCERA, GENNARO~~ ~~1110 BRICKELL AVE SUITE 103~~ ~~MIAMI FL 33131~~	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DS NOCERA, ANTONIO 1110 BRICKELL AVE. SUITE 103 MIAMI FL 33131	☒ 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 (12/95)

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)(i), 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: X [signature] 4/30/96 (305) 381-8086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)