FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045737 (0)

1. Corporatio					######################################
Principal Place of Business Mailing Address					80/H 01861 817H 18880 //H2 1081 1861
		8000 N.W. 31ST ST. BAY 17			
BAY 17 MIAMI \$3 1222		MIAMI 33 33122-1061			•
-				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		06/13/1995 4. FEI Number	08/19/1996 Applied For
21		26		MANAGE 65.09	87417 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 ,	9, Name and Address of Current I		30	Florida Statutes 10. Name and Address of New Reg	Yes No
NOMEC DATACL I				a	Braner on tulkerin
ANTI CIN 446TH BLACE				Address (P.O. Box Number is Not Appendab	le)
				Address (P.O. Box Number is Not 10 eptable 24	دو
83					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			B4 City	MIAMI	FL 85 Zip Code
11. Pursuant to the provisions of Sections 60) .0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of bdy, in the State of Ferdia Stick change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and advent the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and advent the chiligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed a printer name of registered agent a		Registered Agent's gnature	5	6/5/7/
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TiTLE	V. Res.	Change Addition
NAME	SORIA, MIGUEL		1.2 NAME	# a	
STREET ADDRESS	8820 S.W. 123RD CT. APT. L-203	3	1.3 STREET ADDRESS	11624 SW 142 PL 11941 FI 33186	
CITY-ST-ZIP	MIAMI FL 33186	Doute	1.4 C(TY - \$T - ZIP	MIAMI #1. 33186	
TITLE	SORIA, LAURA	☐ DLLETE	2.1 TITLE	Masideut Laura Soizia	Change Addition
NAME STREET ADDRESS	8820 S.W. 123RD CT. APT. L-20	3	2.2 NAME	11624 SW 142 PLACE	
CITY - ST - ZIP	MIAMI FL 33188		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	MIAMI #1. 33180	,
TITLE		DELETE	3 1 11TLE	111111111111111111111111111111111111111	Change Addition
NAME			3.2 NAME		_ , ,
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		3.4. CHY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 1IILE		Change Addition
NAME			5.2 NAME	50000219 -06/02/970103	7315
STREET ADDRESS			5 3 STREET ADDRESS	-06/02/970103	85012
CITY+ST-ZIP TITLE		🗆 लिस	5 4 CITY - ST - ZIP	***330,00	Change Addition
NAME			61 TITLE		Change Addition
STREET ADDRESS	•	/ /	6.2 NAME 6.3 STREET ADDRESS		11
CITY-ST-ZIP		/ /			615
OCCUPANT AND ADDRESS OF THE PROPERTY OF THE PR			6.4 CITY - ST - 7IP		

I do hereby certify that the information supplied with this filling 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 tripped is two and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver by further employed do 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.

FILED

Jun 11 1997 8:00am

Secretary of State