

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000053239 (6)**

1. Corporation Name

**NUCELL PRODUCTS, INC.**



Principal Place of Business

Mailing Address

**1250 EAST HALLANDALE BEACH, BLVD., STE 408  
HALLANDALE FL 33009**

**1250 EAST HALLANDALE BEACH, BLVD., STE 408  
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0599724**

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

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81

Name

**MANUEL SCHAPIRO**

82

Street Address (P.O. Box Number is Not Acceptable)

**1250 E. HALLANDALE BCH. BLVD SUITE 408**

83

84

City

**HALLANDALE**

FL

85 Zip Code

**33009**

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

**MANUEL SCHAPIRO**

(NOTE: Registered Agent signature required when reinstating)

**6/18/96**

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SCHAPIRO, MANUEL**  
STREET ADDRESS **1250 EAST HALLANDALE BEACH, BLVD., STE 408**  
CITY - ST - ZIP **HALLANDALE FL 33009**

11 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE  
NAME **SCHAPIRO, KARIN**  
STREET ADDRESS **1250 EAST HALLANDALE BEACH, BLVD., STE 408**  
CITY - ST - ZIP **HALLANDALE FL 33009**

12 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE  
NAME **SCHAPIRO, SUSY**  
STREET ADDRESS **1250 EAST HALLANDALE BEACH, BLVD., STE 408**  
CITY - ST - ZIP **HALLANDALE FL 33009**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE  
NAME **SCOLNICK, BRAM**  
STREET ADDRESS **1250 EAST HALLANDALE BEACH, BLVD., STE 408**  
CITY - ST - ZIP **HALLANDALE FL 33009**

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY - ST - ZIP ☐ Change ☐ Addition

25 CITY - ST - ZIP ☐ Change ☐ Addition

26 CITY - ST - ZIP ☐ Change ☐ Addition

27 CITY - ST - ZIP ☐ Change ☐ Addition

28 CITY - ST - ZIP ☐ Change ☐ Addition

29 CITY - ST - ZIP ☐ Change ☐ Addition

30 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, 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

**MANUEL SCHAPIRO**

**6/18/96 (954) 456-1501**

Date

Daytime Phone #

CR2E034 (3/96)