

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000057034 (7)

1. Corporation Name

NEFENCO (NORTH AMERICA) INCORPORATED



Principal Place of Business

9970 NW 24TH STREET  
CORAL SPRINGS FL 33065

Mailing Address

9970 NW 24TH STREET  
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 4720D S.W. 36 Street

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Davie, FL

28

Zip

Country

Zip

Country

24 33314

25

USA

29

30

9. Name and Address of Current Registered Agent

GONZALES FLEMING, CARMEN  
9970 NW 24TH STREET  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

4. FEI Number

65- 0609851

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

10. Name and Address of New Registered Agent

81 Name

Anthony J. Alfero, Esq.

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

2650 W. State Road, #102

83

84 City

Fort Lauderdale

FL

85

Zip Code  
33312

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 of individual named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

2-12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FENTON, NEVILLE  
STREET ADDRESS 9970 NW 24TH STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Fenton, B.F.N.  
2.3 STREET ADDRESS 4720D S.W. 36th Street  
2.4 CITY-ST-ZIP Davie, FL 33314

3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Morais, B.S.N.  
3.3 STREET ADDRESS 4720D S.W. 36 Street  
3.4 CITY-ST-ZIP Davie, FL 33314

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Wilson, P. Joy  
4.3 STREET ADDRESS 4720D S.W. 36 Street  
4.4 CITY-ST-ZIP Davie, FL 33314

5.1 TITLE President ☐ Change ☒ Addition  
5.2 NAME Fenton, Neville  
5.3 STREET ADDRESS 4720D S.W. 36 Street  
5.4 CITY-ST-ZIP Davie, FL 33314

6.1 TITLE VP/Sec./Treas. ☐ Change ☒ Addition  
6.2 NAME Singh, Robert  
6.3 STREET ADDRESS 4720D S.W. 36 Street  
6.4 CITY-ST-ZIP Davie, FL 33314

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:

Neville Fenton, President 2-6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)