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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State 1996 DIVISION OF CORPORATIONS									
DOCUI 1. Corporation		# P9500	00059249 (9)					
•		NICS CORP.	•						
Principal Place of Business Mailing Address							1 14 R148 91 418 1818 1 84411 8 8111 8 8111	. Mister Mains Mitth Inite II	######################################
10174 SOUTI MIAMI FL 331		COURT	10174 SOUTHWEST 77 MIAMI FL 33156	тн сои	RT				
							3. Date incorporated or Qualified 07/31/1995	3a. Date of Last	Report
2. Principal Pla	2a. Mailing Address 26 13240	SW 82 Nd Avc.			4. FEI Number 65 - 0597251	-	Applied For Not Applicable		
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	75 Additional e Required
City & State 3 Mami FL			City & State 28 Hiami	City & State			Flection Campaign Financing Trust Fund Contribution	\$5.	00 May Be
Zip 33		Country 25 USA and Address of Curre	29 33156	30 C	ountry	SA	. L	∐ No	s 199.032,
	9. Name	and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New R	legistered Agent	
ATRIUM REGISTERED AGENTS, INC.						Street Addre	ss (P.O. Box Number is Not Acceptal)	le)	
1500 SAN REMO AVE.					83		· · · · · · · · · · · · · · · · · · ·	_	
SUITE 125 CORAL GABLES FL 33146									
CORAL GABLES PL 33146								FL 85	Zip Code
SIGNATURE		both, in the State of Flo pt the obligations of, Sec or printed name of mig stated age.				oration's bloard	tion submits this statement for the pur Lof directors. Thereby accept the approximation of th	binturent as register	ed agent. I am
12.		OFFICERS A	ND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME		Pesident DELETE			1 TITLE			Change	e 🔲 Addition
STREET ADDRESS	Beni	i UZARI 10 SU 82 Ave			NAME	ADDRESS			
CITY-ST-7IP	10	omi FL 331.	56	- 1	CIIY-S	ļ.			
TITLE	Vite	Vice - President DELETE			TILE		Change Addition		
NAME	4137	2.1. W. AR. 7	<u> </u>	2?	NAME				
STREET ADDRESS	139	240 SW 82	AIC.	2.3	STREFT	ADURESS			
CITY-ST-ZIP FILE	Ni	ami FL 33	IS6		CHY-S	T-ZIP			For A 1 150
NAME				1	NAME			Change	Addition
STREET ADDRESS	ı					ADDRESS			
CITY-ST-ZIP					CITY-S				
()LE			DELETE		TILLE		AVAILED TO THE PARTY OF THE PAR	Change	Addition
IAME				42	NAME				
SZARDCA LABRIT	ı			4 3	STREET	ADDRESS			
DITY-ST-ZIP			Fig Datait		CITY-S	I - 7:P			F1 / 100
IITLE NAME			☐ DELETE		THE			Change	Addition
NAME STREET ADDRESS					NAME	ADDOCCO			
DITY+ST-ZIP					CHY-SI	ADDRESS			
TETLE			F Decree						
NAME			DELETE	5 1	THILF	1		I I Change	Addition
101112			☐ DEFELE		NAME			☐ Change	Addition
STREET ADDRESS			[] DELESE	6.2	NAME	ADDRESS		∐ Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 trusted 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: Michele WEAR I 3/22/96 305-232-5533