## 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 FILED Jan 14 1997 8:00am Secretary of State Secretary of State

	MENT # P95000 NES, INC.	093803 (1)			
Principal Place of Business Malling Address				1. (\$ 650 BE	\$B\$ D  B  B\$   B\$ LB\$   \$\$ \$0  3   6  6  6
635 NORTH SHORE DRIVE   635 NORTH SHORE DRIVE   MIAMI BEACH FL 33141   MIAMI BEACH FL 33141-2433					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/11/1995	05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number 65-0631453	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent	0.1	10. Name and Address of New Res	gistered Agent
	TE, MELVIN		81 Name		
	O KANE CONCOURSE HARBOR ISLAND FL 33154		82 Street Addi	ress (P.O. Box Number is Not Acceptab	(e)
ואט	HARDON IODAND I E 00104	Mark 1	83		
			84 City		<b>85</b> Zip Code
		·			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	t and 607.1508, Florida Statut of Florida. Such change was : tions of, Section 607.0505, Fl	es, the above-named corp authorized by the corporat orida Statutes.	oration submits this statement for the plants board of directors. I hereby accept	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	(5.07)	E: Régistered Agent signature requis	and when the safety	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
ग्राह	P	DELETE	1.1 TITLE		Change Addition
NAMÉ	LANGSAM, MARVIN		1.2 NAME		
STREET ADDRESS	635 NORTH SHORE DRIVE		1,3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141	DELETE	1.4 C/TY+\$T+ZiP 2.3 TITLE		Change Addition
NAME	LANGSAM, MEIRA		2.2 NAME		. El ormido El vogicion
STREET ADDRESS	635 NORTH SHORE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141	*	2, 4 C)TY - ST - ZIP		
TITLE		DELETE	3.1 TITLS		, Change Addition
MAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ACDRESS		
CITY-ST-Z:P		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4, 2 NAME		Cherige
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZP		Ì
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-57-21P			5.4 CITY - ST - ZIP		
TITLE		☐ perele	6,1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ny cartify that the information symplicy	with this filing does not quali	6.4 CITY - ST-ZIP	in Section 119 07/3/// Florida Statutos	Livethor cortifu that the

4. To hereby certify that the information supplied with this liting closs not qualify for the exemption stated in Section 119.07(3)(f). Profice statutes, 1 of the 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 of 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.