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 May 15 1997 8:00am Secretary of State

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NASEC, INC.	, ,				1880 888 888 888 888		
Principal Place of Business Mailing Address 1041 E. 8TH AVE., STE. 2A 1041 E. 8TH AVE., STE. 2A HALEAH FL 33010-3702							
		,		3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last R	eport	
2. Principal Place of Business 21 1041 E 8 TM AVE 32A Suite Apt #, etc	26. Mailing Address 26. 707 E. 2	32nds	T	4. FEI Number		oplied For ot Applicable	
Suite, Apt #, etc 22 #2A	Suite, Apf. #, etc.		···	5. Certificate of Status Desired	S8.75 /	Additional equired	
City & State 23 HIALLAH FL	City & State 28 HIALEAH.	FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
24 33010 25 USA	29 3303	Coun 30 (is 15A		Yes No	199.032	
a, Ivallie and Address of Cult	ent Registered Agent		al si	10. Name and Address of New Re	gistered Agent		
LE TRAN, JORDAN		*	Name				
1041 E. 8TH AVE., STE. 2A HIALEAH FL 33010			Street Add	dress (P.O. Box Number is Not Acceptab	le)		
		E	33	· ·			
					FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am faculiar with, and accept the obt	502 and 607.1508, Florida Statute te of Florida. Such change was a igations of, Section 607.0505, Flo	es, the about authorized rida Statu	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it of the appointment as	ts registered registered	
SIGNATURE VILLE / 1/1				·	#30/97	,	
Signature Pyther of Part of the office of Registered a 12. OF ICERS A	igent and sife Tappelcable (NOTE ND DIRECTORS	Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
THE PRESIDENT	DELETÉ	1.1 T(TL	£		☐ Change	Addition	
NAME JCRDAN LE TRAN SIREHADDRESS 707 E 32 STRE		1.2 NAM	IE				
STREE ADDRESS 707 E 32 STRE	(C)		EET ADDRESS				
CITY-SI-7IP FUNCTAH, FL 3	DELETE	1.4 CITY 2.1 TITL	-ST-ZIP		Change	Addition	
NAME	C) percit	2.1 #IIL	i	·	L Change	M Vaginan	
STREET AULTRESS			EET ADDRESS		· ¥		
C-TY - S1 - 7161			Y-ST-ZIP		. ••		
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NAM:		3.2 NAM	IE .			ļ	
STREET ADDRESS			EET ADDRESS			}	
CHY-51 76'	DELETE	3.4. CIT	Y-ST-ZIP		Change	Addition	
NAME		4 1 11tL	· '		الماسين الت	La radition	
STREET ALCHESS		4	EET ADDRESS			\[\]	
City St ZiP			-S1-ZIP	•		Ī	
TIFLE	☐ DELETE	5.1 TITE			☐ Change	Addition	
NAME		5.2 NAM	NE		1	j	
STREET ADDRESS		5.3 STR	EET ADORESS			ľ	

64CITY-St-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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.

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY S1-70

TILE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

DELETE

4/30/99

(305)691-6077

Change

Addition

0115489