

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # P96000071738

1. Corporation Name

NEXTON VALUE, INC.

Principal Place of Business

Mailing Address

1451 W. CYPRESS CREEK ROAD - SUITE 300
FORT LAUDERDALE, FLORIDA 33309

3. Date Incorporated or Qualified

3a. Date of Last Report

8/26/96

2. Principal Place of Business

2a. Mailing Address

4. FET Number

X Applied For

APPLIED FOR

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALAIN J. DECORTE

1451 W. CYPRESS CREEK ROAD - SUITE 300
FORT LAUDERDALE, FLORIDA 33309

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. If name of registered agent is not applicable, check box.

(If FET Number is provided, Agent's signature is required when completing.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	☐ DELETE
NAME	ALAIN J. DECORTE	
STREET ADDRESS	1451 W. CYPRESS CREEK RD./STE. 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	☐ DELETE
TITLE	SECRETARY	
NAME	ISABELLE BECQUEVORT	
STREET ADDRESS	1451 W. CYPRESS CREEK RD.-STE. 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 supplementary 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: X

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/97 X

Date

(954) 493-6500

Day-Me Phone #

CR2E034 (3/96)