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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084217 (4)

1. Corporation Name
N.C.S. AMERICA, INC.



Principal Place of Business
14305 SW 45TH TER.
MIAMI FL 33175

Mailing Address
14305 SW 45TH TER.
MIAMI FL 33175-6844

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18213 S.W. 138 PLACE
Suite Apt. #, etc.

26 18213 S.W. 138 PLACE
Suite Apt. #, etc.

4. FEI Number
65-0699786

Applied For
Not Applicable

22 City & State

27 City & State

23 MIAMI, FLORIDA
Zip Country

28 MIAMI, FLORIDA
Zip Country

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

24 33177

25

29 33177

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGLESIAS, ADOLFO E
12010 SW 97TH ST.
MIAMI FL 33186-2606

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 607.1508, 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BOUHAM DAN, HADNAN
STREET ADDRESS 14305 SW 45TH TER.
CITY- ST- ZIP MIAMI FL 33175

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JULIO RICARDO PINEDA
1.3 STREET ADDRESS 18213 S.W. 138th place
1.4 CITY- ST- ZIP MIAMI, FL 33177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97

Date

305 275-9150

Daytime Phone #

CR2E034 (9/96)