FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000100411 (3)

NICHOLSON INTERNATIONAL BUSINESS SYSTEMS, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Pla	ace of Business	Mailing Address					
6341 COWPEN ROAD. UNIT X205		6341 COWPEN ROAD, UNIT X205					
MIAMI LAKES	S FL 33014	MIAMI LAKES FL 33014-221	10				
					3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last	Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc		26		65-07/32/4 Not Applic \$8.75 Additions		Not Applicab	
22	pt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & St	tate	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution		d to Fees	
<i>Z</i> ₁p	Country	Zıp	\vdash	intry	8. This corporation has liability for i		s. 199.032,
4	25	29	30	 -		Yes No	
	9, Name and Address of Cu	irrent Registered Agent		81 Name	10. Name and Address of New Re	Jistered Agent	
	MERILAWYER CHARTERED			Name			
343 ALMERIA AVENUE				82 Street Ac	ldress (P.O. Box Number is Not Acceptab	le)	
CC	DRAL GABLES FL 33134		83			######################################	
				84 City		FL 85 Zi	p Code
SIGNATUR	5 grature typed or printed name of registers	od agent and title if applicable (NOT S AND DIRECTORS	E: Registere	id Agent signature re	quired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 7	ITLE		Chang	
NAME	NICHOLSON, EDGARDO		1.2 N	AME.			
STREET ADDRES		T X205	1.3 S	TREET ADDRESS			
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City - St - 7IP	1		6.40	CITY-ST-ZIP			

14. Ido 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 chapped, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/9,

826-3453

Daytime Frione # 0001548