

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000081482**  
Corporation Name **NICMO Corporation**

99 JUN 11 PM 1:00

Principal Place of Business **8105 N.W. 187th TERRACE MIAMI - Fla. 33015**  
Mailing Address **8105 N.W. 187th TERRACE MIAMI - Fla. 33015**

DO NOT WRITE IN THIS SPACE

|                             |                         |                                                                             |                                                                     |
|-----------------------------|-------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                                               | Applied For                                                         |
| Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. | <b>65-087166X</b>                                                           | Not Applicable                                                      |
| City & State                | 27. City & State        | 5. Certificate of Status Desired                                            | <b>\$8.75</b> Additional Fee Required                               |
| Country                     | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution                      | <b>\$5.00</b> May Be Added to Fees                                  |
| 25. Country                 | 29. Zip                 | 3. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Country                 | 30. Country             | 3. Name and Address of Current Registered Agent                             | 10. Name and Address of New Registered Agent                        |

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| 81. Name                                               | <b>FAROUK ENRIQUE MORALES</b>  |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>8105 N.W. 187th TERRACE</b> |
| 83. City                                               | <b>MIAMI</b>                   |
| 84. State                                              | <b>FL</b>                      |
| 85. Zip Code                                           | <b>33015</b>                   |

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.

NATURE **[Signature]** DATE **05/19/99**  
(NOTE: Registered Agent signature required when releasing)

| OFFICERS AND DIRECTORS |                                                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                |
|------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| <b>P</b>               | <b>PS FAROUK ENRIQUE MORALES</b><br>8105 N.W. 187th TERR.<br>MIAMI - Fla. 33015 | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| <b>T</b>               | <b>LILIAN CHAVEZ</b><br>8105 N.W. 187th TERR.<br>MIAMI - Fla. 33015             | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| <b>S</b>               | <b>FUAD NICOLAS MORALES</b><br>8105 N.W. 187th TERR.<br>MIAMI - Fla. 33015      | <input checked="" type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| <b>VP</b>              | <b>FUAD EDUARDO MORALES</b><br>8105 N.W. 187th TERR.<br>MIAMI - Fla. 33015      | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
|                        |                                                                                 | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
|                        |                                                                                 | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

I 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 reflected 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, with all other like empowered.