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

SIGNATURE:

Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Şandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)S02167 NEXCO INTERNATIONAL, INC. Principal Place of Business Mailing Address 1150 NW 72 AVE 10282 NW 9TH ST. CIR. STE 430 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 3. Date Incorporated or Qualified US 09/25/1990 2. Principal Place of Business Mailing Address Applied For LOZBZ NW9STCIZ. 1150 NW 65-0216251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing $\mp \iota$ Added to Fees Trust Fund Contribution Country 5A This corporation owes or has paid the current year intangible LISA Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MOLINA, NOEL DUQUE 6994 SW 47 ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33155 83 84 City 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 about, 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 bigations of, Section 607,0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRLCTORS 13 DELETE Change Addition TITLE 1.1 TITLE MOLINA, NOEL DUQUE 1.2 NAME NAME 10282 NW 9 ST. CIR. # 104 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP ☐ Addition DELETE Change TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS Y - ST - ZTP CITY - ST - ZIP DELETE Change ■ Addition TITLE NAME STREET ADDRESS EFT ADDRERS CITY-SY-ZIP 5.4 City-ST-21P DELETE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 supplimental 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 of the receiver or true certification of the corporation of the receiver of true certification of the receiver of this receiver of the r

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