

CORPORATION
ANNUAL REPORT
~~1994~~ 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **NADCO INVESTMENTS, INC.**

DOCUMENT # **S 72480**

Mailing Address: **7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FLORIDA 33351**

Principal Place of Business: **7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FLORIDA 33351**

If above addresses are incorrect in any way, file through incorrect information and enter correct address below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21-24):
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business (25-28):
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified: **08-15-1991**

3a. Date of Last Report: **JULY 1994**

4. FEI Number: **65-0283210**

5. Condition of Status Reported: **\$8.75 Additional Fee Required**

6. Nonprofit Exempt from \$138.75 Supplemental Fee:

7. The corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

8. Financial Institution/Trust/Local Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **REJEAN LAPIERRE**

82 Street Address (P.O. Box Number as Not Applicable): **7800 W. OAKLAND PARK BLVD. BLDG. "G"**

83 City: **SUNRISE** FL 85 Zip Code: **33351**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE: *Rejean Lapierre* DATE: **3/10/95**

12. OFFICERS AND DIRECTORS

11 TITLE: **PD**

12 NAME: **ETIENNE NADON**

13 STREET ADDRESS: **27 RUE DUQUETTE**

14 CITY, ST, ZIP: **ST-EUSTACHE, QUEBEC, CANADA J71 5L7**

11-14 (21-24):
21 NAME:
22 STREET ADDRESS:
23 CITY, ST, ZIP:

11-14 (31-34):
31 NAME:
32 STREET ADDRESS:
33 CITY, ST, ZIP:

11-14 (41-44):
41 NAME:
42 STREET ADDRESS:
43 CITY, ST, ZIP:

11-14 (51-54):
51 NAME:
52 STREET ADDRESS:
53 CITY, ST, ZIP:

11-14 (61-64):
61 NAME:
62 STREET ADDRESS:
63 CITY, ST, ZIP:

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME: **200001438462**

12 STREET ADDRESS: **-03/24/95--01015--014**

13 CITY, ST, ZIP: ******200.00 ****200.00**

11-14 (21-24):
21 NAME:
22 STREET ADDRESS:
23 CITY, ST, ZIP:

11-14 (31-34):
31 NAME:
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11-14 (41-44):
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11-14 (51-54):
51 NAME:
52 STREET ADDRESS:
53 CITY, ST, ZIP:

11-14 (61-64):
61 NAME:
62 STREET ADDRESS:
63 CITY, ST, ZIP:

3/21/95
MST

14. I do hereby certify that the information supplied with the filing is a voluntarily furnished and is not a liability for the corporation. I am familiar with and accept the obligations of Section 607.0505 or 617.0505, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with the laws of the State of Florida in the event that the information supplied is deemed incorrect. I further certify that the information and data 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 have fulfilled all obligations concerning such report properly imposed by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 13 of this report or annual report as expressed to receive the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 13 of this report or annual report with an address.

SIGNATURE: *Etienne Nadon* ETIENNE NADON PRESIDENT (305) 749-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR