

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
96 JUN 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 573509

1. Corporation Name

NASHUA CROSSING (U.S.A.) INC.

Principal Place of Business

Mail Address

C/O ALBERT D. QUENTEL
1221 BRICKELL AVE.
MIAMI, FL. 33131

C/O ALBERT D. QUENTEL
1221 BRICKELL AVE.
MIAMI, FL 33131



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FLETC Number

5. Certificate of Status Desired

Applied For
Not Applicable

\$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 ☒

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, S

607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the obligations of, S

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARILLO, OSWALDO R.
STREET ADDRESS 1221 BRICKELL AVE.
CITY-ST-ZIP MIAMI, FL.

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO PREVIOUS REGISTRATION

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

15. Florida Statutes, I do hereby certify that the information supplied with this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

Osvaldo Carillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

CR2E034 (3-96)