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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2000 GLADES ROAD

**BOCA RATON FL 33431** 

SIGNATURE:

SUITE 400



FLORIDA DEPARTMENT OF STATE

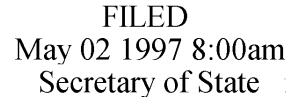
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name	588309
NX AMERICA INC.	

Mailing Address 2000 GLADES ROAD SUITE 400

**BOCA RATON FL 33431-8599** 



3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

10/21/1991

2. Principal FI	cipal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0295281	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes Yes No			
	g, Name and Address of Curren	Registered Agent			10. Name and Address of New Register	≱d Agent	
	WG CORP.			Name			
	O GLADES RD		1	Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE 400							
BOC	BOCA RATON FL 33431		33				
			8	City	<u> </u>	85 Zip Code	
11. Pursuant I	to the provisions of Sections 607,0502	2 and 607.1508, Florida Sta	atutes, the abo	ove-named corp	oration submits this statement for the purpose	e of changing its registered	
office or re agent it a	eg-stered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change water tions of, Section 607,0505	as authorized . Florida Statu	by the corporati	ion's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE.							
SIGIVATURE.	Signature, typicid or printed name of registered ager	nt and title if applicable (	NOTE: Registered	Agent signature require	ed when reinstating) DAT	Ē	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	DELETE	13 TITL	E		Change	
NAME	COLLAZO, GUILLERMO		: 1.2 NAN	Œ			
STREET ADDRESS	2000 GLADES RD 400		1.3 STR	EET ADDRESS		{	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	-ST-ZIP			
TITLE	VPS .	☐ DELETE	2.1 TITL	E		Change	
NAME	COLLAZO, ENRIQUE J		2.2 NAN	(E			
STREET ADORESS	2000 GLADES RD 400		2.3 STR	EET ADORESS			
CITY-\$T-ZIP	BOCA RATON FL			Y-ST-ZIP		The state of the s	
TITLE	D	☐ DELETE	3.1 TITL	E		Change Addition	
NAME.	COLLAZO, C PATRICIA C		3.2 NAN	lE			
STREET ADORESS	2000 GLADES RD 400		3.3 STR	EET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL	1		Y-ST-ZIP			
TIILE	D COLLARO ENDIQUE I	DELETE	4.1 TITL			Change Addition	
NAME	COLLAZO, ENRIQUE J		4. 2 NAJ				
STREET ADDRESS	2000 GLADES RD 400			EET ADORESS			
CITY-ST-ZIP	BOCA RATON FL	T priese		r-ST-ZIP		D Observe D Avisor	
TITLE		☐ DELETE	5.1 TITU			Change Addition	
NAME.			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		[ ] cc. cr.		-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Change Addition	
NAME			6.2 NAN	ME			
\$TREE LADORESS				EET ADDRESS			
C(1Y-S1-ZIP		1. 44. 46. 40 3		r-ST-ZIP	(la Castian 440 07/0)(0) First - Castian 44	it as a self. that it -	
14, I do 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.							