

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # S93721 (6)

1. Corporation Name
N.E. SERVICE INC.

50 MAY - 1 11 3: 57

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**5911 SW 5TH TERRACE
MIAMI FL 33144** **5911 SW 5TH TERRACE
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------------------|--|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 11/13/1991 | 3a. Date of Last Report 02/09/1994 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0300862 | | Applied For Not Applicable | |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> No | |
| 24. State | 25. County | 29. State | 30. County | 6. This corporation has liability for annual report under § 199.037, Florida Statutes | |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ECHEVERRIA, NELSON 5911 SW 5TH TERRACE MIAMI FL 33144 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 607.030, 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 607.030, Florida Statutes.

SIGNATURE: _____

| | | | |
|----------------------------|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
| TITLE | PS ECHEVERRIA, NELSON 5911 SW 5TH TERR MIAMI FL | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1. NAME | |
| STREET ADDRESS | | 1. STREET ADDRESS | |
| CITY, ST, ZIP | | 1.4 CITY, ST, ZIP | |
| TITLE | | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 2.5 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| TITLE | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3. NAME | |
| STREET ADDRESS | | 3.5 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4. NAME | |
| STREET ADDRESS | | 4.5 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. NAME | |
| STREET ADDRESS | | 5.5 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 6.5 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 1993 (1994) 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 in and under oath. 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 of this report, or on an attachment with an address.

SIGNATURE: *X Nelson Echeverria* *X N-30-95 X 261-8666*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Type)