

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S98399 (6)

1. Corporation Name

NACS COMMUNICATIONS, INC.



Principal Place of Business

2571 NE KIRBY AVE
PALM BAY FL 32905
US

Mailing Address

2571 NE KIRBY AVE
PALM BAY FL 32905
US

3. Date Incorporated or Qualified
12/06/1991

3a. Date of Last Report
04/20/1995

2. Principal Place of Business
21 801 Brickell Avenue

2a. Mailing Address
26 801 Brickell Avenue

4. FEI Number
59-3100704

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 927

Suite, Apt. #, etc.
27 Suite 927

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Miami, FL

City & State
28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 33131

Country
25 USA

Zip
29 33131

Country
30 USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

81 Name

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

83

84 City

FL

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 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
IBANEZ, JUAN E
MORANDE 147
SANTIAGO, CHILE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Rinconada El Salto 202 Comuna Huechuraba
Santiago, Chile

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
DEWAR, DESKA R
MORANDE 147
SANTIAGO, CHILE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Dewar, Daska Radic
Rinconada El Salto 202 Comuna Huechuraba
Santiago, Chile

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
AS
FERRER, ESTEBAN A
201 S BISCAYNE BLVD
MIAMI FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Luis A. de Armas
201 S. Biscayne Blvd., Suite 1500
Miami, FL 33131

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Sec

1-26-96

Date

Daytime Phone #

CR2E034 (12/95)