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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 307603

1. Corporation Name NICK'S INCORPORATED

Principal Place of Business

246 N. MIAMI AVE. MIAMI FL 33128

Mailing Address

246 N. MIAMI AVE. MIAMI FL 33128



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1966

4. FEI Number

59-1152359

Applied For

Not Applicable

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

Input box

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Input box

Yes No

2. Principal Place of Business

21 12 N.E. 3rd St.

Suite, Apt. #, etc.

22 Input box

City & State

23 Miami

Zip

24 33132

Country

25 Dade

2a. Mailing Address

26 12 N.E. 3rd St.

Suite, Apt. #, etc.

27 Input box

City & State

28 Ft.

Zip

29 33132

Country

30 Dade

10. Name and Address of New Registered Agent

81 Name

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

83 Input box

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

KARBELL, SONIA 9321 SW 25 CT. MIAMI FL 33125

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

Table with 5 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jose Kerbel President

2/24/99

(305) 379-9417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (1/98)