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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762700

1. Corporation Name
NAMI OF MIAMI, INC.

Principal Place of Business 5711 S DIXIE HWY MIAMI FL 33143	Mailing Address 5711 S DIXIE HWY MIAMI FL 33143
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2207150
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, RACHEL H.
5760 SW 94 PLACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAZ, RACHEL H.	
STREET ADDRESS	5760 SW 94 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARCUS, JERRY	
STREET ADDRESS	6401 CABALLERO BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JUDY	
STREET ADDRESS	11756 SW 102 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAPLAN, ELLIOT	
STREET ADDRESS	20801 BISCAYNE BLVD.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DICKMAN, RUTH	
STREET ADDRESS	10935 S.W. 176 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, RACHEL	
STREET ADDRESS	1541 BRICKELL AVE TH 101	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>VPD David Green</i>
3.3 STREET ADDRESS	<i>10460 SW 113 St.</i>
3.4 CITY-ST-ZIP	<i>Miami, FL</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>SD Ruth Felix</i>
6.3 STREET ADDRESS	<i>2833 SW 23rd St.</i>
6.4 CITY-ST-ZIP	<i>Miami, FL</i>

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 617, 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: *Rachel H. Diaz, President* 1/27/99 305-665-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (11/98)