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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M61692 (3)

1. Corporation Name

NITRAM INVESTMENTS, INC.

Principal Place of Business

1036 SW FIRST ST
MIAMI FL 33130
US

Mailing Address

1036 SW FIRST ST
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/29/1987

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0088718

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1036 SW 1 ST**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

29 City & State

24 Zip

33130

25 Country

U.S.

29 Zip

33130

30 Country

U.S.

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERV
1036 S.W. 1ST STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83 City

MIAMI

84 State

FL

85 Zip Code

33130

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

AMADA C. LOPEZ, PRES

4/25/95

Signature: typed or printed name of registered agent required if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, ARMANDO F.
STREET ADDRESS	1180 E. 1ST AVE
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	MARTIN, ROBERTO F.
STREET ADDRESS	1300 W. 49TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	VD
NAME	MARTIN, FELIX R.
STREET ADDRESS	1300 W. 49TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	TD
NAME	GALQUERA, ERNESTO J.
STREET ADDRESS	1300 W. 49TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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8/14/26

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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO MARTIN

PRES.

4/25/95