FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # P93000037142 (5) CEO AND NARDI INC.					
Principal Place of Business Mailing Address					
2509 ANDERSON RD #1 2509 ANDERSON RD #1 CORAL GABLES FL 33134 CORAL GABLES FL 33134					
US US			•	DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualified	
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		05/21/1993	
,	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	* 010	Suite, Apt. #, etc.		65-0420490	Not Applicable
22 1174	· · ·		70 TH AVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	10 AVE	6. Election Campaign Financing	\$5.00 May Be
23 M/A	and the second s	28 M/A/M/	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24 3315	b 25 V.h.	29 33/56	30	Personal Property Tax due June 30.	☐ Yes ☑No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	J Agent
CEO, ROCCO J 81 Name					
OFFICE AND FROM IND. #4			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134					·
			83		
			84 City		85 Zip Code
			1 1 1 1	F i	L '
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					
10	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
12.	PD OFFICERS AND	DELETE	1.3 TITLE	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	CEO, ROCCO J		1.2 NAME		
STREET ADDRESS	2509 ANDERSON RD #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		};
TITLE	VSTD	DELETE	2.1 TITLE	•	Change Addition
NAME	NARDI, MARIA		2.2 NAME		
STREET ADDRESS	2509 ANDERSON RD. #1		2,3 STREET ADDRESS	T . Same	i
CITY-ST-ZIP	CORAL GABLES FL 33134-486	4	2. 4 CITY-ST-ZIP		
TITLE	V 0.10 / C 0	DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		j
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		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ľ
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes, I further	certify that the information

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that it is 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.

SIGNATURE:

/ NEW CONTRE REPORTE CEO

1/14/98

Daytime Phone # 018818