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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037509

NODY IMPORT ASSOCIATES, INC.

Principal Place of Business 6111 S.W. 25TH ST. MIAMI FL 33155		Mailing Address		r comicon com serint delite desit editit editit editit editit (098) Billi edite (01) in
4111 4111 4111 411				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 05/11/1995
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0584672 Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	te	City & State		6. Election Campaign Financing S5.00 May Be
23	<u> </u>	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	9. Name and Address of Cu		30	Personal Property Tax.
	J. Haile and Address of Cu	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	ISTA, EDDY			
	1 S.W. 25TH ST.		82 Street Add	rress (P.O. Box Number is Not Acceptable)
MIAI	MI FL 33155		83	
		•	84 City	les 7 in Code
				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 (AVOTE: F	Registered Agent signature require	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	BATISTA, EDDY		1.2 NAME	
STREET ADDRESS	6111 S.W. 25TH ST.		1.3 STREET ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	en 14
TITLE	D .	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Batista, Noemi		2.2 NAME	_ · · ·
STREET ADDRESS	6111 S.W. 25TH ST.		2.3 STREET ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	*
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME	7 1		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	-	DELETE	4.1 TITLE	Change Additio
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS	·		5.3 STREET ADORESS	
CITY-ST-ZIP	· 		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME [			6.2 NAME	

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.

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90013 004 \*\*\*150.00