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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90048 001 ***150.00

N&TL	J.S.A. INC.								
Dringing Diag	a of Divisions	Mailing Address				-{			
Principal Place of Business Mailing Address 10350 SW 28 STREET 10350 SW 28 STREET MIAMI FL 33165 MIAMI FL 33165									
						<u> </u>	E IN THIS SPACE	<u>:</u>	
						3. Date Incorporated or Qualifed			
<u> </u>						07/12/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	_	+ -:-	olied For
21 26						NOT APPLICABLE			Applicable
Suite, Apt. #, etc.			•			5. Certifcate of Status Desired			dditional
22 27						· · · · · · · · · · · · · · · · · · ·			quired
City & State City & State						6. Election Campaign Financing			May Be
23 28			Country			Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip		ту		8. This corporation owes the curre			m.,
24	25		30			Personal Property Tax.	∐ Yes		□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Ro	egistered Agent	 -	
nas	נט טבטפטב		(91	Name	•			
BRITO, GEORGE 407 LINCOLN ROAD			1	82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
			L	_					
SUITE 5-B] {	83					
MIA	MI BEACH FL 33139			84	City		85	Zip C	ode
				١.	,		FL		1
agent. I a SIGNATURE	m familiar with, and accept the oblig	pations of, Section 607.0505, Flor	ida Statut	es.	signature required	's board of directors. I hereby accept	DATE		
12.		IND DIRECTORS	13.	gent	signature required	ADDITIONS/CHANGES TO OFF		CTO	2S IN 12
TITLE	PD	DELETE	1.1 TITU	r.		ADDITIONS/CHANGES TO GST	Cha		Addition
NAME	DERAPHAEL, CARLOS			1.2 NAME					
STREET ADDRESS	10350 SW 28 STREET				ADDRESS				
	l .								
CITY-ST-ZIP TITLE	MIAMI FL 33165			1.4 CITY-ST-ZIP			Cha	2000	☐ Addition
							L.) One	"igo	
NAME	· -		2.2 NAM					-	~
STREET ADDRESS					ADDRESS)				
CITY-ST-ZIP		☐ DELETE	2.4 CIT		-ZIP		Cha		Addition
TITLE		☐ DETEIE	3.1 TITL					inge	Addition
NAME			3.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3 4, CIT		ZIP				Addition
TITLE		C) DEFE	4.1 TITU					was	
NAME			4. 2 NAM						}
STREET ADDRESS					ADDRESS				Ì
CITY-ST-ZIP				4 CITY-ST-ZIP					Addition
TITLE		☐ DELETE	5.1 TITUS		1		☐ Cha	uge	Addition
NAME			5.2 NAM		PB0500				Ì
STREET ADDRESS					ODRESS				1
CITY-ST-ZIP			5.4 CITY		ZIP	- <u></u>			
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	เก ge	Addition (
NAME			6.2 NAM		ĺ				1
STREET ADDRESS			6.3 STRE	EET A	ODRESS				}
OUTS CT. THE			64 CITY	. ST.	71D				1

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 a total relief to the receiver of the corporation 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 a total report of the corporation or the receiver or trustee empowered.

SIGNATURE: