

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90172 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000078485**

1. Corporation Name  
**NAYANI INVESTMENT, CORP.**



Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 705 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 705 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>25 SE 2ND AVENUE</b>	26 <b>25 SE 2ND AVENUE</b>
22 Suite, Apt. #, etc. <b>220</b>	27 Suite, Apt. #, etc. <b>220</b>
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>
24 Zip <b>33131</b> Country <b>US</b>	29 Zip <b>33131</b> Country <b>USA</b>

3. Date Incorporated or Qualified <b>09/10/1997</b>	
4. FEI Number <b>APPLIED FOR 65-0880072</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DE LA PENA, VILLANUEVA & BAJANDAS, LLP.**  
 601 BRICKELL KEY DRIVE  
 SUITE 705  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name <b>BORIS ROSEN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>25 S.E 2ND AVENUE</b>
83 Suite, Apt. #, etc. <b>SUITE 705</b>
84 City <b>MIAMI</b> FL 85 Zip Code <b>33131</b>

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]* DATE **4-28-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MUSTAFA, JOSE</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DRIVE, SUITE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAJANDAS, RICARDO</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DRIVE, SUITE 705</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MUSTAFA, JOSE</b>	
1.3 STREET ADDRESS	<b>10730 NW 66TH STREET #308</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MUSTAFA, NAHIMA</b>	
2.3 STREET ADDRESS	<b>10730 NW 66TH STREET #308</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
3.1 TITLE	<b>D-SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MUSTAFA, RAMONA</b>	
3.3 STREET ADDRESS	<b>10730 NW 66TH STREET #308</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
4.1 TITLE	<b>D-MUSTAFA, NIURKA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MUSTAFA, NIURKA</b>	
4.3 STREET ADDRESS	<b>10730 NW 66TH STREET #308</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
5.1 TITLE	<b>D-MUSTAFA, YASSER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MUSTAFA, YASSER</b>	
5.3 STREET ADDRESS	<b>10730 NW 66TH STREET #308</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* DATE: **4-28-99**

CR2E034 (11/98)