NIGATA OF AMERICA CORPORATION

Principal Place of Business

Mailing Address

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90214 020 ***158.75

	13054 SW 133 COURT MIAMI FL 33186-5855					
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Principal Place of Business 13200 S.W. 128th Street 3. Mailing Address 13200 S.W. 128th		h Street				
Suite, Apt. #, etc. Suite E-4 Suite E-4 Suite E-4 Suite E-4				DO NOT WRITE IN	THIS SPACE	
e City & State Florida Miami, Florida			4.	4. FEI Number 65- 09 5518		plied For t Applicable
Country USA	Zip 33186 Country USA 5. Certific			Certificate of Status Desired	\$8.75 Add Fee Required	
e and Address of Current Re	egistered Agent		7.	Name and Address of New Regist	ered Agent	
MACDANIEL, JOHN M 2 SOUTH BISCAYNE BLVD STE 2975 MIAMI FL 33131			Street Address (P.O. Box Number is Not Acceptable)			
		City			FL Zip Code	9
ty submits this statement for t	he purpose of changing its re	gistered office or	registered ag	gent, or both, in the State of Florida.		
d or printed name of registered agent and	I title if applicable (NOTE: R	Registered Agent signat	ure required when r	reinstating)	DATE	
ex filing requirement and elects to do so After MAY 1, 2000 Fe			550.00	Election Campaign Financin Trust Fund Contribution.		O May Be to Fees
OFFICERS AND D	IRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14665 S	S.W. 132 Court	☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13054 5	5.W. 133 Court	Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13201 8	S.W. 146th Street	□ Change	A ddition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14750 S	5.W. 132 Court	☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition :
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
	da Country USA e and Address of Current Re OHN M CAYNE BLVD STE 2975 It ity submits this statement for the dorprinted name of registered agent and gible to satisfy its intangible and elects to do so	MIAMI FL 33186-5855 Delete Miami Florida	mess 28th Street	MAMI FL 33186-5855 28th Street	A MAIN FL 33186-5855 28th Street	MAMI FL 33189-5855 28th Street 3. Mailing Address 28th Street Suite E-4 City Siste Miami, Florida Country USA Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Country USA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Agent Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) City FL Zip Code Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) Date Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) Date Trust Fund Contribution. Common and Address of Fee Requirer Address (P.O. Box Number is Not Acceptable) Date Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contribution. Common and Address of New Registered Agent And Trust Fund Contribution. Common and Address of New Registered Agent And Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contribution. Common and Address of New Registered Agent Trust Fund Contrib

indicated on this report or supplies with this mining ages and adamy for alle exemplator stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR