

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

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

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

DOCUMENT # P97000078485

1. Corporation Name

NAYANI INVESTMENT, CORP.

Principal Place of Business

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

APPLIED FOR 65-088007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 25 SE 2ND AVENUE

Suite, Apt. #, etc.

22 220

City & State

23 MIAMI FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 25 SE 2ND AVENUE

Suite, Apt. #, etc.

27 220

City & State

28 MIAMI FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

DE LA PENIA, VILLANUEVA & BAJANDAS, LLP.  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

BORIS ROSEN

82 Street Address (P.O. Box Number is Not Acceptable)

25 SE 2ND AVENUE  
SUITE 220

83

84 City

MIAMI

FL

85

Zip Code

33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MUSTAFA, JOSE  
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
CITY-ST-ZIP MIAMI FL 33131

TITLE S ☒ DELETE

NAME BAJANDAS, RICARDO  
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 705  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D- ☒ Change ☐ Addition

1.2 NAME MUSTAFA, JOSE  
1.3 STREET ADDRESS 10730 NW 66TH STREET #308  
1.4 CITY-ST-ZIP MIAMI FL 33178

2.1 TITLE D- ☒ Change ☒ Addition

2.2 NAME MUSTAFA, NAHIMA  
2.3 STREET ADDRESS 10730 NW 66TH STREET #308  
2.4 CITY-ST-ZIP MIAMI FL 33178

3.1 TITLE D-SECRETARY ☒ Change ☐ Addition

3.2 NAME MUSTAFA, RAMONA  
3.3 STREET ADDRESS 10730 NW 66TH STREET #308  
3.4 CITY-ST-ZIP MIAMI FL 33178

4.1 TITLE D-MUSTAFA, NIURKA ☐ Change ☒ Addition

4.2 NAME MUSTAFA, NIURKA  
4.3 STREET ADDRESS 10730 NW 66TH STREET #308  
4.4 CITY-ST-ZIP MIAMI FL 33178

5.1 TITLE D-MUSTAFA, YASSER ☐ Change ☒ Addition

5.2 NAME MUSTAFA, YASSER  
5.3 STREET ADDRESS 10730 NW 66TH STREET #308  
5.4 CITY-ST-ZIP MIAMI FL 33178

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE MUSTAFA

4-28-99

CR2E034 (11/98)