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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	A COUNTY	DIVISION OF C	CORPORATIONS	ľ		
DOCUMENT # 294571					02-18-1999 90007 007 ***150.00		
1. Corporation	IVIEIV I	# 294 571			1		
,		NOUETTER INC					
PALIVI DI	EAUT TA	NCHETTES INC			T (Balta elbin init) bigat billi initi elbin ini		
Principal Place	e of Business	3	Mailing Address			DII DIDII tid ii tidii d	
C/O HARRY B. SMITH C/O HARRY B. SMITH							
701 BRICKELL AVE. #1900 701 BRICKELL AVE. #1900			701 BRICKELL AVE. #1900				
MIAMI FL 33131	1		MIAMI FL 33131		DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed 07/06/1965		
2. Principal P	lace of Busin	ess	2a. Mailing Address		4. FEI Number	An	plied For
21			26		59-1152078		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75.	
22			27		5. Certificate of Status Desired	Fee Re	quired
City & State	e		City & State		6. Election Campaign Financing	\$5.00	May Be
23			28	0	Trust Fund Contribution	Added t	o Fees
Zip 24	Г	Country	Zip [Country	8. This corporation owes the current year	Intangible ☐ Yes	□No
24		25 and Address of Currer		30	Personal Property Tax. 10. Name and Address of New Register		
				81 Name		<u></u>	
SMITH, HARRY B.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
701 BRICKELL AVE				62 Street Aut	dress (F.O. box Number is Not Acceptable)		
SUITE 1900				83		13. S. (1)	(1) [1]
i Miar	VII FL 33131			84 City		85 Zip 0	Code
					<u> </u>	·L	
11. Pursuant	to the provisi	ons of Sections 607.050	12 and 607 1508. Florida Statute	a the chaire named cor		of changing its	
i omice or re	eaistered aac	ent, or both, in the State	of Florida. Such change was au	thorized by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as re	registerea aistered
agent, I a	egistered age m familiar wit	ent, or both, in the State h, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by the corporation Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as re	registered gistered
SIGNATURE			of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized by the corporati ida Statutes.	tion's board of directors. I hereby accept the ap	pointment as re	registered gistered
SIGNATURE		or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flor	require above-rained corborationized by the corporation Statutes. Registered Agent signature requirements.	tion's board of directors. I hereby accept the ap	pointment as re	gistered
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SIGNATURE 12. TITLE	PD SMITH, HA	or printed name of registered age OFFICERS AN	of Florida. Such change was au ations of, Section 607.0505, Flor ent and little if applicable. (NOTE: ND DIRECTORS	thorized by the corporation Statutes. Registered Agent signature requited 13. 1.1 Title	tion's board of directors. I hereby accept the ap	pointment as re	gistered RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, HA 701 BRICH MIAMI FL	or printed name of registered age OFFICERS AN	of Florida. Such change was au ations of, Section 607.0505, Flor ont and little if applicable. (NOTE: ND DIRECTORS	thorized by the corporation of t	tion's board of directors. I hereby accept the ap	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	PD SMITH, HA 701 BRICI MIAMI FL STD	OFFICERS AN OFFICERS AN ARRY B. KELL AVE 19TH FL	of Florida. Such change was au ations of, Section 607.0505, Flor ent and little if applicable. (NOTE: ND DIRECTORS	thorized by the corporation statutes. Registered Agent signature requited 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	tion's board of directors. I hereby accept the ap	pointment as re	gistered RS IN 12
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14. I hereby certify that the information supplied with this filing door 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 reports 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 trusted 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: