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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 373066

1. Corporation Name

NAGLE CORPORATION	
	1 × 1
Principal Place of Business	Mailing Address
1716 S.W. 3 STREET APT 2 MIAMI FL 33135-2053	1716 S.W. 3 STREET APT 2 MIAMI FL 33135-2053
	·
2. Principal Place of Business	2a. Mailing Address
Suite Apt # etc	Suite, Apt. #, etc.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90018 022 ***150.00



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T 2		MIAMI FL 33135-2053				
AMI FL 33135-20	153	Minister 1 = 23.22 ==		3. Date incorporated or Qualifed		}
,		•		11/23/1970	Applied	For
		2a. Mailing Address		4. FEI Number		plicable
Principal Place	e of Business	26		59-1512393	\$8.75 Addi	
		Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired	Fee Requir	
Suite, Apt. #,	etc					
	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 Ma	
City & State		⊢¬ '		Trust Fund Contribution	Added to F	262
	g To the control of t		Country	8. This corporation owes the current year	r Intangible	No
Zip	Country	— — — — —	¬ ·	Personal Property Tax.	L res	
	25	[43]	<u>'</u>	10. Name and Address of New Register	red Agent	
	9. Name and Address of Curr	ent Registered Agent	81 Name			
	5/10 to	• *	1 1	O D Number is Not Accentable)		
	ENRIQUE		82 Street Add	iress (P.O. Box Number is Not Acceptable)		
3285	SW 29 ST				全主机经制 報	
MIAMI	FL 33133	And the second second	83	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	3.796.3.424.7.286	12/21/15/24
			84 City	The state of the s	85 Zip Coo	ie .
	ing to person		1 1 1		e of changing its re	aistered
<u></u>	COZ 0	502 and 607 1508 Florida Statutes	the above-named cor	rporation submits this statement for the purpos	ppointment as regis	tered
1. Pursuant to	the provisions of Sections 607.0	ate of Florida. Such change was aut	horized by the corporal	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a		
office of re	familiar with, and accept the obl	igations of, Section 607.0505, Florid	ja Statutes.	rporation submits this statement for the purposition's board of directors. I hereby accept the a	·	• -
	•		Pagistared Agent signature requi			
	foresture, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
GIGNATURE S	foresture, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER		S IN 12
SIGNATURE S	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: F	Registered Agent signature requi		S AND DIRECTOR	S IN 12
BIGNATURE 5	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: F	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
SIGNATURE 5 12. TILE 4	Signature, typed or printed name of registered OFFICERS PD ARIAS, WILFREDO	agent and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
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SIGNATURE 5 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD ARIAS, WILFREDO 184 UNDERCLIFF AVE EDGEWATER NJ	agent and title if applicable. (NOTE: F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	S IN 12 Addition
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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 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 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: