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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

592322

(2)

NEMESIO OFFICE EQUIPMENT DISTRIBUTORS, INC.

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Principal Place of Business Mailing Address						L HOURDS BILLER 18410 HOURS INCH	16818 1686 81811 848	(B) B) U U U U U U U U U U U U U	LIL BRUSE TUBI
2400 NW 94 AVENUE 2400 NW 94 AVENUE MIAMI FL 33172 MIAMI FL 33172						DO NOT I	VRITE IN THIS	CDACE	
บร		US			-	Date Incorporated or Qual		SPACE	 _
					". '	11/03/1978	med		ŧ
2. Principal P	lace of Business	2a. Mailing Address				11/03/1970 FEI Number			oplied For
21		26			-	59-1862714			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desire	ed 🔲	\$8.75	Additional equired
City & State	е	City & State	City & State			Election Campaign Financ	ing		May Be
23		28			1	Trust Fund Contribution	"" " 📮		to Fees
Zip	Country 25	Zip 29	Countr 30	у	II	This corporation owes or h Personal Property Tax due			tangible No
9. Name and Address of Current Registered Agent					10.	Name and Address of Ne	w Registered	Agent	
RODRIGUEZ, YOLANDA				Name					-
2400 NW 94TH AVE			82	Street /	Address (P.	O. Box Number is Not Acc	eptable)		
MIAMI, FL. K 33172			8:	3					
				City			FL	_	Code
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 Ar	ent signature	e required when r	einstating)	DATE		
12.	OFFICERS AND		13.	-		DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE					Change	Addition
NAME	RODRIGUEZ, MRS YOLANDA		1.2 NAME		Rodri	احصحته بلحاد	mga		1
STREET ADDRESS	4742 SW 1ST STREET		1.3 STREE	T ADDRESS		DUA AP WILL			[
CITY-ST-ZIP	MIAMI, FL 00000		1,4 CITY-	ST-ZIP	Nion	15E 17 in	12	1	
TITLE	VP	☐ DELETE	2.1 TITLE			•		Change	Addition
NAME	SOLER, YOLANDA		2.2 NAME		Sole	er, Yollonde	X		
STREET ADDRESS	4742 SW 1ST STREET		2.3 STREE	T ADDRESS				_	-
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST-ZIP	Mica	ni, FL.3317	12	15.6	1 1 1 1 1 1 1
TITLE	S	DELETE	3.1 TITLE	}				Change	☐ Addition
NAME	RODRIGUEZ, YEILANY		3.2 NAME		Red	Agez, Peilo AW 94 A	207 ₂		Į
STREET ADDRESS	4742 SW 1ST STREET		3,3 STREE	T ADDRESS	2400	A PP WW C	Jene		1
CITY - ST - ZIP	MIAMI FL		3.4. CITY	ST-ZIP	Hia	mi, F1.331	1 2	Ta lens	
TITLE	T	☐ DELETE	4.1 TITLE	1	1			Change	Addition
NAME	RODRIGUEZ, YILIAM		4. 2 NAM		Rediri	grez qiliqi	M		
STREET ADDRESS	4742 S.W. 1ST ST.			T ADDRESS	240	5 NW 94		-	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP	Mian	ni, F1.331	<u>ر ک</u>	Observ	A delist-
TITLE		DELETE "	5.1 TITLE					Change	Addition

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 truetee 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 on an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

Planda-IDEAL FOUIRED

DELETE

31-16-98

(365)477-8822

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State

CR2E034 (10/97)