

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90025 034 ***150.00

DOCUMENT # 685652

1. Corporation Name
NINI CORPORATION

Principal Place of Business
**2296 CORAL WAY
MIAMI FL 33145-3509**

Mailing Address
**2296 CORAL WAY
MIAMI FL 33145-3509**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1980

4. FEI Number

59-2037140

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 **332 Miracle Mile**
Suite, Apt. #, etc.

2a. Mailing Address

26 **332 Miracle Mile**
Suite, Apt. #, etc.

City & State

23 **Coral Gables, FL**

City & State

28 **Coral Gables, FL**

Zip Country

24 **33134** 25 **USA**

Zip Country

29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

**ARANGO, ELENA
2296 CORAL WAY
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

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

83 **332 Miracle Mile**

84 City

Coral Gables

FL

85 Zip Code

33134

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

Elena Arango
Signature, typed or printed name of registered agent and title if applicable.

Elena Arango

(NOTE: Registered agent signature required when reinstating)

04/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **ARANGO, ELENA**
STREET ADDRESS **2296 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145-3509**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

Elena Arango
Signature and typed or printed name of signing officer or director

Elena Arango

04/29/99
Date

(305) 448-7599
Daytime Phone #

CR2E034 (1/98)

0216702