## 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

## DOCUMENT # F04822

NINO WHOLESALE, INC.

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90068 005 \*\*\*150.00

Principal Plac	ce of Business	Mailing Address					ic ocaci diaic ocali	ALBU DIBU LODI
2201 S.W. 31ST AVENUE 2201 S.W. 31ST AVENUE PEMBROKE PINES FL 33009 PEMBROKE PINES FL 3300			9		7			
	•					NOT WRITE IN TH	IIS SPACE	
		g arms			3. Date Incorporated or 11/07/1980	Qualifed		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-2049709	•	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status D	Desired		Additional equired
City & Stat	te . ,	City & State		•	6, Election Campaign F	inancing	\$5.00	May Be
23	·	28		·	Trust Fund Contribut	ion		to Fees
Zip	Country	Zip	Country		8. This corporation owe	s the current year I	Intangible	
24	25	29	30		Personal Property Ta	•	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registere	d Agent	
DIE	EDE ANTHONY C		81	Name				1
DIFEDE, ANTHONY C 2920 HIDDEN HOLLOW LANE			82	Street Addr	ress (P.O. Box Number is No	ot Acceptable)	<u> </u>	
DAV	/IE FL 33328		83					3
	•		84	City	<u> </u>		. 85 Zip	Code
· ·	•							. )
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s the above	-named corp	oration submits this stateme	nt for the numose i	of changing its	registered
Office of f	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, Flori	ithorized by i ida Statutes.	tne corporatio	on's board of directors. I here	eby accept the app	of changing its ointment as re	registered egistered
agent. I-a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	ida Statutes.	tne corporatio	on's board of directors. I here when reinstating)	eby accept the app	ointment as re	egistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	ithorized by i ida Statutes.	tne corporatio	on's board of directors. I here	eby accept the app	ointment as re	egistered
agent. I a SIGNATURE  12.	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	ida Statutes.  Registered Agent	tne corporatio	on's board of directors. I here when reinstating)	eby accept the app	ointment as re	ORS IN 12
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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 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 of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation of the corpora

SIGNATURE: 🗷

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Daytime Phone #

RSE034 (11/98)