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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

F92000000845 (9)

NICOLSA, INC.

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## FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13290 NW 45TH AVENUE 13290 NW 45TH AVENUE OPA LOCKA FL 33054 OPA LOCKA FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1992 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0388162 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. X Yes □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRIAR, MICHAEL P **4601 SHERIDAN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 HOLLYWOOD FL 33021 84 City Zip 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered against and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE KARRON, RICHARD NAME 1.2 NAME 13290 NW 45TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS OPA LOCKA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITI F WOHLMAN, RITA NAME 2.2 NAME 13290 NW 45TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS OPA LOCKA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE VILLEGAS, RAFAEL NAME 3.2 NAME 13290 NW 45TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS OPA LOCKA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE LESTZ, KENNETH NAME 4 2 NAME 13290 NW 45TH AVE STREET ADDRESS 4.3 STREET ADDRESS **OPA LOCKA FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

170 Wallens PER 42011 HALL V/5/98