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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94761

(6)

N D-P II, INC.

FILED
Apr 25 1997 8:00am
Secretary of State

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Suite, Apt. #, etc. 27 City & State City & State 28 Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition Fee Require \$6. Election Campaign Financing Trust Fund Contribution Added to Fee Require \$5.00 May 1 Fee Require \$6.00
Section Feberal Hay Houtwoop FL 33020 No Minkli BCH FL 33160 US Substitution Subst
NOLLYWOOD FL 33020 US NO MIAMI BCH FL 33160 US 3. Date Incorporated or Qualified
2. Principal Place of Business
25 Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Country Zip Country Xip Country Xip Xip Xip Xip Xip Xip Xip Xi
Sulle, Apt. #, etc. Suile, Apt. #, etc.
27 City & State City & State City & State Country Zip
City & State 28 Cry & State 29 Country Country 21 Country 22 28 30 Country 30 Country 41 Country 25 28 30 Country 30 Country 42 43 44 45 45 45 45 45 45 45 45
Zip Country Zip Country B. This corporation has liability for intenglished tax under s. 199.0 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent D'ARPINO, EUGENIO 1220 PIPLOMAT PARKWAY HOLLYWOOD FL 33011 81 Name Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 registagent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutos. SIGNATURE Signature. Hypod or provided name of registered agent and life if replacible (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE P\$7
Zip Country Zip Country Zip Country Sip Signature required when reinistating with and accept the obligations of, Sections 607.0505, Florida Statutes Florida Statutes Yos No Florida Statutes (P.O. Box Number is Not Acceptable) 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 regional agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Iyped or profled name of registered agent and tick if epideable (NOTE Registered Agent signature required when reinistency) DATE Signature. Iyped or profled name of registered agent and tick if epideable (NOTE Registered Agent signature required when reinistency) DATE 12. OFFICERS AND DIRECTORS IN INTIRE DIRETE 1.1 TITLE Change Country To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Bay City Florida Statute
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent D'ARPINO, EUGENIO 1220 PIPLOMAT PARKWAY HOLLYWOOD FL 33011 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Florida Statutes 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its region 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 registing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature, typed or profiled name of registered agent and title it applicable [NOTE Registered Agent signature required when reliableing) DATE 12. OFFICERS AND DIRECTORS IN ITILE PST DELETE 1.1 ITILE Change
PARPINO, EUGENIO 1220 PIPLOMAT PARKWAY HOLLYWOOD FL 33011 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
1220 PIPLOMAT PARKWAY HOLLYWOOD FL 33011 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 regination 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 registated agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or profed name of registered agent and bitle if applicable (NOTE Registered Agent signature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change (In the Change In the Change
1220 PIPLOMAT PARKWAY HOLLYWOOD FL 33011 82 Street Address (P.O. Box Number is Not Acceptable) 83 R4 City FL R5 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Inches
HOLLYWOOD FL 33011 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Holy seried Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN TITLE PST DELETE 1.1 TIBLE Change
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable INO16 Registered Agent signature required when relinstating) DATE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PST DELETE 1.1 TITLE
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NAME VALANA, SAVERIO 2.2 NAME
STREET ADDRESS 939 N FED HWY 2.3 STREET ADDRESS
CITY-ST-ZIP HWD, FL 00000 2.4 CITY-S1-ZIP
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CITY-ST-ZIP 54 CITY-ST-ZIP
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 ITLE

4. I do 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 armual 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 directory the congration 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 of price 13 of the congration of the execute with an address.

CIGNATURE

LEUBENTO D'ARPIN

4/18/97

954-921-4965