


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


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**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90009 046 \*\*\*550.00

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| <b>DOCUMENT # F94761</b>  |  |  |   |
| 1. Corporation Name<br><b>N D-P II, INC.</b>  |  |  |   |
| Principal Place of Business<br><b>LA PERGOLA REST.</b><br><b>939 N FEDERAL HWY</b><br><b>HOLLYWOOD FL 33020</b><br><b>US</b>  |  | Mailing Address<br><b>C/O ROSS CUSANO &amp; CO</b><br><b>18305 BISCAYNE LBVD. 302</b><br><b>NO MIAMI BCH FL 33160</b><br><b>US</b>   |   |
| 2. Principal Place of Business<br>21 <b>1220 Diplomat Parkway</b><br>Suite, Apt. #, etc.<br>22 <b>HOLLYWOOD</b><br>City & State<br>23<br>Zip Country<br>24 <b>FL 33019</b> 25 <b>USA</b>  |  | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip Country<br>29 30   |   |
| 9. Name and Address of Current Registered Agent<br><b>D'ARPINO, EUGENIO</b><br><b>1220 PILOMAT PARKWAY</b><br><b>HOLLYWOOD FL 33019</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 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) DATE _____   |  |  |   |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PST</b><br><b>D'ARPINO, EUGENIO</b><br><b>939 N FED HWY</b><br><b>HWD, FL 00000</b><br><input type="checkbox"/> DELETE        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1220 Diplomat Parkway</b><br><b>HOLLYWOOD FL 33019</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>VALANA, SAVERIO</b><br><b>939 N FED HWY</b><br><b>HWD, FL 00000</b><br><input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **EUGENIO D'ARPINO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/7/99** **954-921-4965**  
Date Daytime Phone #

CR2E034 (11/98)