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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State

FILED

Jan 23 1998 8:00am

 Corporation 	MENT # G1644 NOSA, INC.	2 (7)					
Principal Plac	ce of Business	Mailing Address					ITA BARAK URBA
•	THOMAS, ESQ.	% LINDA D. THOMAS. E	-so				
8356 SW 40TH STREET #K 8356 SW 40TH STREET #K							
MIAMI FL 33	155	MIAMI FL 33155			DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified		ļ
2. Principal F	Place of Business	2a. Mailing Address			12/13/1982 4. FEI Number	1 1	pplied Far
21	inde of Eddingon	26			59-2239362		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State		City & State			6- Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		intry	8. This corporation owes or has paid the c		
24	9. Name and Address of Curren	t Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registerer		_ No
		t Hegistered Agent		81 Name	10. Wallie and Address of New Registerer	u Agent	
	IOMAS, LINDA D., ESQ.						
8356 SW 40TH STREET #K MIAMI FL 33155				82 Street Add	ress (P.O. Box Number Is Not Acceptable)		İ
IVII	AIMI 1 L 33 103			83			
				84 City	F	85 Zip	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, In the State im familiar with, and accept the oblige	2 and 607,1508, Florida Statut of Florida. Such change was a ations of, Section 607,0505, Florida	tes, the a authorize orida Sta	bove-named corp d by the corporal tutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i pointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	TOTAL	E Conjetere	d Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.	d Agent aignature reduit	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TI	TLE		Change	☐ Addition
NAME	ALTMAN, DONALD H.		1.2 N/	AME			[]
STREET ADDRESS	6125 S.W. 31ST STREET		1.3 \$1	REET ADDRESS			
CiTY - ST - ZiP	MIAMI FL	SALASH CA		TY-ST-ZIP			
TITLE	S		1.4 C	11-01-28			
NAME	_	☐ DELETE	2,1 TI			Change	Addition
	THOMAS, LINDA D.	☐ DELETE		TLE		Change	
STREET ADDRESS	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	<u></u> □ DELETE	2.1 TI 2.2 N/	TLE		Change	
CITY - ST - ZIP	THOMAS, LINDA D.		2.1 TI 2.2 N 2.3 \$7 2.4 C	TLE AME FREET ADDRESS TY-ST-ZIP			Addition
CITY-ST-ZIP TITLE	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	☐ DELETE	2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI	TLE AME FREET ADDRESS ITY-ST-ZIP TLE		Change	
CITY-ST-ZIP TITLE NAME	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K		2.1 TI 2.2 N/ 2.3 ST 2. 4 C 3.1 TI 3.2 N/	ILE AME REET ADDRESS ITY-ST-ZIP ILE AME			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K		2.1 Ti 2.2 Ni 2.3 ST 2. 4 C 3.1 Ti 3.2 Ni 3.3 ST	ILE AME REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS			Addition
CITY-ST-ZIP TITLE NAME SYREET ADDRESS CITY-ST-ZIP	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	☐ DELETE	2.1 Ti 2.2 N/ 2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4. C	ILE MME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K		2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI	TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE			Addition
CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	☐ DELETE	2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N/	TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	☐ DELETE	2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4. 2 N/ 4.3 SI	ILE MME REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS		Change	Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	☐ DELETE	2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4. 2 N/ 4.3 SI	ILE MME FREET ADDRESS ITY-ST-ZIP TLE MME FREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	DELETE	2.1 TI 2.2 N/ 2.3 \$1 2.4 C 3.1 TI 3.2 N/ 3.3 \$1 3.4 C 4.1 TI 4.2 N 4.3 \$1 4.4 Cl 5.1 TI	ILE MME FREET ADDRESS ITY-ST-ZIP TLE MME FREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME FREET ADDRESS TY-ST-ZIP TLE		☐ Change☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	DELETE	2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N/	ILE MME FREET ADDRESS ITY-ST-ZIP TLE MME FREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME FREET ADDRESS TY-ST-ZIP TLE		☐ Change☐ Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	DELETE	2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N/ 5.3 S1	TILE MME FREET ADDRESS ITY-ST-ZIP TILE MME FREET ADDRESS ITY-ST-ZIP TILE AME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP		☐ Change☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS, LINDA D. 8356 S.W. 40TH ST., #K	DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 4.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.4 CI	TILE MME FREET ADDRESS ITY-ST-ZIP TILE MME FREET ADDRESS ITY-ST-ZIP TILE AME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP FREET ADDRESS TY-ST-ZIP FREET ADDRESS TY-ST-ZIP FREET ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
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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)(1), 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 sime legal effect as if made unider 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 17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

667-7060