

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:59

DOCUMENT # G39157 (4)

1. Corporation Name

NISTAL INTERNATIONAL INC.

Principal Place of Business

8249 NW 36TH ST. #118, MIAMI, 33166-6613
~~P O BOX 52-0577~~
~~MIAMI FL 33152-7577~~

Mailing Address

~~8249 NW 36TH ST. #118, MIAMI, 33166-6613~~
P O BOX 52-0577
MIAMI FL 33152-7577
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/27/1983

3a. Date of Last Report
01/25/1994

4. FEI Number
59-2291284

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 8249 N.W. 36th. STREET

2a. Mailing Address

26 P.O. BOX 52-0577

Suite, Apt. #, etc.

22 118

Suite, Apt. #, etc.

27 ---

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33166-6613

Country

25 U.S.A.

Zip

29 33152-0577

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**NISTAL, SALVADOR
5803 WEST 28TH AVENUE
HIALEAH FL 33016-1925**

10. Name and Address of New Registered Agent

81 Name

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 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **NISTAL, SALVADOR**
STREET ADDRESS **5803 WEST 28TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33016-1925**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE

Salvador Nistal

**Salvador Nistal,
President**

02/09/95 (305) 594-6517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number