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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G39157

Principal Place of Business

NISTAL INTERNATIONAL INC.

8249 N. W. 36TH STREET SUITE 118		P. O. BOX 52-0577 MIAMI FL 33152-0577				0.004.05		
MIAMI FL 33166-6613 US					DO NOT WRITE IN THIS SPACE			
US ,					3. Date incorporated or 04/27/1983	· Qualifed		
2. Principal Place of Bus	iness	2a. Mailing Address			4. FEI Number		At	oplied For
21	•	26			59-2291284		- No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 1	5. Certifcate of Status I	Desired	\$8.75	Additional
22		27		,	5. Certificate of Status t	Desiled []	Fee Re	equired
City & State	المالية المستحد المالية	City & State				inancing	\$5.00	May Be -
23		28	•		Trust Fund Contribut	tion	Added	to Fees
Zip	Country	Zip	Country	· ·	8. This corporation owe	es the current year li		
24	25	29	30		Personal Property Ta		Yes	□No
	e and Address of Current F	Registered Agent			10. Name and Address	of New Registered	d Agent	· ·
,		,	81	Name				
NISTAL, VALN	MY R		82	Street Ad	dress (P.O. Box Number is N	ot Acceptable)	4	•
8249 N.W. 36	TH STREET		"	0001710	iaroso (ro. box riambor io ri	er e	اهفا جام وج	gradia wasa wasa ka
SUITE 118			83					
MIAMI FL 331	66		-	0.1	*	يۇنىي ئۇدۇرۇ ئازىلى	85 Zip	Code
}	il e		84	City	•	F	L 85 Zip	Code
11. Pürsuant to the prov	isions of Sections 607.0502 a	and 607.1508, Florida Statute	s, the abov	e-named co	prporation submits this statemention's board of directors. I her	ent for the purpose of	of changing its	registered
office or registered a	gent, or both, in the State of with, and accept the obligation	Florida. Such change was auns of, Section 607.0505, Flori	thorized by ida Statutes	the corpora 3.	ation's board of directors. I her	reby accept the appo	ointment as re	egistered
SIGNATURE						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg								
				nt signature requ	ired when reinstating)		ND DIDECTO	DPS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature requ	ADDITIONS/CHANGE			
12.	OFFICERS AND		13. 1.1 TITLE	nt signature requ			ND DIRECTO	DRS IN 12
12. TITLE PD NAME NISTAL	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGE			
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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 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.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90035 005 ***150.00