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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 17 1997 8:00am
Secretary of State

DOCUMENT # **G82013** (5)

1. Corporation Name

7 N'S INTERNATIONAL CORP.

Principal Place of Business

% MARIA P. NANNI
10750 S.W. 29TH PLACE
DAVIE FL 33328

Mailing Address

% MARIA P. NANNI
10750 S.W. 29TH PLACE
DAVIE FL 33328-1538

3. Date Incorporated or Qualified

11/29/1983

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NANNI, MARIA P.
10750 S.W. 29TH PLACE
DAVIE FL 33328**

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**P
NANNI, MARIA P.
10750 SW 29TH PLACE
DAVIE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**VP
NANNI, VICTOR H.
10750 SW 29TH PLACE
DAVIE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**S
NANNI, JOSE L.
10750 SW 29TH PLACE
DAVIE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TD
JUAN CARLOS NANNI
10750 SW 29 PL
DAVIE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP**

☐ Change ☐ Addition

14. 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 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:

Maria P. Nanni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA P. NANNI

3-10-97

954-473-1048

Date

Daytime Phone #

CR2E034 (9/96)