**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
97 DEC -1 PM 1:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G84431** **(7)**

1. Corporation Name
**N & B INTERNATIONAL PRODUCTS, INC.**

REINSTATEMENT 97AR

| Principal Place of Business | Mailing Address |
|---|---|
| 6860 KIMBERLY BLVD.<br>NORTH LAUDERDALE FL 33068 | 6860 KIMBERLY BLVD.<br>NORTH LAUDERDALE FL 33068-2547 |

3. Date Incorporated or Qualified: 02/13/1984
3a. Date of Last Report: 11/04/1996
4. FEI Number: 59-2428504 (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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2201-1 CANTERWOOD DR
Suite, Apt. #, etc.
22 1
City & State
23 CHARLOTTE NC
Zip / Country
24 28213 25 USA

2a. Mailing Address
26 2201-1 CANTERWOOD DR
Suite, Apt. #, etc.
27 APT #1
City & State
28 CHARLOTTE NC
Zip / Country
29 28213 30 USA

9. Name and Address of Current Registered Agent
NAGAPOOLLAY, IAYAHNAR
6860 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

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 IAYAHNAR NAGAPOOLLAY Iaya Nagapoolly 11-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DPT | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | NAGAPOOLLAY, IAYAHNAR | | 1.2 NAME | |
| STREET ADDRESS | 6860 KIMBERLY BLVD. | | 1.3 STREET ADDRESS | 500002364535---6 |
| CITY-ST-ZIP | NORTH LAUDERDALE FL | | 1.4 CITY-ST-ZIP | -12/05/97--01098---009 |
| TITLE | SV | ☐ DELETE | 2.1 TITLE | ****550.00 ☐ Change ☐ Addition |
| NAME | NAGAPOLLAY, IVIN U. | | 2.2 NAME | |
| STREET ADDRESS | 6860 KIMBERLY BLVD. | | 2.3 STREET ADDRESS | 500002364535---6 |
| CITY-ST-ZIP | NORTH LAUDERDALE FL | | 2.4 CITY-ST-ZIP | -12/05/97--01098---010 |
| TITLE | | ☐ DELETE | 3.1 TITLE | ****200.00 ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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:**