

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90092 035 ***150.00

DOCUMENT # G84431

1. Corporation Name

N & B INTERNATIONAL PRODUCTS, INC.

Principal Place of Business

2201-1 CANTERWOOD DR.
APT 1
CHARLOTTE NC 28213

Mailing Address

2201-1 CANTERWOOD DR.
APT 1
CHARLOTTE NC 28213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 439 S.W. KESTOR DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 439 S.W. KESTOR DR.
Suite, Apt. #, etc.

22 439
City & State

27 439
City & State

23 PORT ST. LUCIE, FLORIDA
Zip Country

28 PORT ST. LUCIE FLORIDA
Zip Country

24 34953 25 USA

29 34953 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 IAYAHNAR NAGAPOOLLAY
82 Street Address (P.O. Box Number is Not Acceptable)
83 439 S.W. KESTOR DR
84 PORT ST. LUCIE
85 Zip Code
FL 34953

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

(NOTE: Registered Agent signature required when reinstating)
IAYAHNAR NAGAPOOLLAY President H-15-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME NAGAPOOLLAY, IAYAHNAR
STREET ADDRESS 6860 KIMBERLY BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL
☒ DELETE

TITLE SV
NAME NAGAPOOLLAY, IVIN U.
STREET ADDRESS 6860 KIMBERLY BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME NAGAPOOLLAY IAYAHNAR
1.3 STREET ADDRESS 439 S.W. KESTOR DR. PORT ST. LUCIE
1.4 CITY-ST-ZIP FL 34953
☐ Change ☐ Addition

2.1 TITLE SV
2.2 NAME NAGAPOOLLAY IVIN U.
2.3 STREET ADDRESS 439 S.W. KESTOR DR. PORT ST. LUCIE
2.4 CITY-ST-ZIP FL 34953
☐ 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 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, with all other like empowered.

SIGNATURE: IAYAHNAR NAGAPOOLLAY H-15-99 785-6790
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)