## 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** 

## DOCUMENT # **G98800**

1. Corporation Name

NGMC FINANCE CORPORATION

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90009 014 \*\*\*150.00



Principal Place	e of Business	Mailing Address			1		
% DAVID B. MO	CCAIN. ESQ.	% DAVID B. MCCAIN, ESQ.					
700 NW 107 AV		700 NW 107 AVENUE					
MIAMI FL 33172		MIAMI FL 33172		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/23/1984		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21 73n	MW107 Avenue	26			59-2299382	Not	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			- 0 % + 60**** D-****	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	· · · · · · · · · · · · · · · · · · ·
Zip ( \( \)	Country	Zip	Country	-	8. This corporation owes the current year In	tandible	
_ ~ ~	177 25 USA	29 30	٦ ´		Personal Property Tax.		□No
24 7 7	9. Name and Address of Current		Ч		10. Name and Address of New Registered		
-	9. Name and Address of Current	Kadistan Adeur	81	Name	10. 142.10 2.10		
MCC	CAIN, DAVID B., ESQ.			1,00			
	•		82	Street	Address (P.O. Box Number is Not Acceptable)		
,	NW 107 AVENUE				<u></u>		
MIAN	M FL 33172		83				i
			84	City		85 Zip C	ode
			104	City	Fl	_  00  = 0	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above	e-named	corporation submits this statement for the purpose o	changing its	registered
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			nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	VD	☐ DELETE	1.1 TITLE			Change	☐ Addition }
NAME	REED, LINDA		1.2 NAME				
STREET ADDRESS	700 NW 107 AVENUE		1.3 STREE	ADDRESS			-
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-S	T-ZIP			
TITLE	VT	☐ DELETE	2.1 TITLE	,		Change	☐ Addition
NAME	MUNOZ, JANCIE		2.2 NAME				1
	700 NW 107 AVENUE						
STREET ADDRESS	[ · · · · · · · · · · · · · · · · · · ·		2.3 STREE	LADDRESS I			]
CITY-ST-ZIP	Miami fl			ADDRESS			
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	V NODICE DEDDA	☐ DELETE	2. 4 CITY-5 3.1 TITLE	Į.	VS Wadist Debra	Change	Addition
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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:**