## 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 # **J33980** 1. Corporation Name

NODMA R INCORPORATED

| Principal Place of Business                    | Mailing Address                                |
|--|--|
| 9832 S.W. 110TH STREET<br>MIAMI FL 33176<br>US | 9832 S.W. 110TH STREET<br>MIAMI FL 33176<br>US |

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 036 \*\*\*158.75

| Principal Place of Business   See2 SW, 10TH STREET   MAM FL 33176   US   See2 SW, 10TH STREET   MAW FL 33176   US   MAY FL 33176 | HOUNT                | D INCORPORATED  |                                |                 |         |                  |  |              |   |                        |
|--|----------------------|---|--------------------------------|-----------------|---------|------------------|--|--------------|---|------------------------|
| MAM   Ft. 3378   | Principal Plac       | e of Business   | Mailing Address                |                 |         |                  |  |              |   | • • /••                |
| 2. Principal Place of Business   | MIAMI FL 3317        |   | MIAMI FL 33176                 | STREET          |         |                  | DO NOT WEITE   | INI THIS     | SPACE   |                        |
| Principal Piace of Business   2a, Mailing Address   5. Certificate of Status Desired   Not Applicable   No   | US                   |   | US                             |                 |         |                  |  | IN THIS      | <u> </u>  |                        |
| 2. Manual provisions of Business   2. Manual paddress   3. Certificate of Satus Desired   3. Manual paddress   3.  |                      |   |                                |                 |         |                  | 1  |              |   |                        |
| Sulfie, Apt. #, etc.    Sulfie, Apt. #, etc.  | 2 Principal P        | Place of Business   | 2a Mailing Addre               | ess             |         |                  |  |              | TADI  | olied For              |
| Suite, Apt. #, etc.  21  | _                    | acc of Eddinoss   | <u> </u>                       |                 |         |                  | "  |              | <del></del>   |                        |
| City & State   City   |                      | #. etc.   |                                | etc.            |         | · <del></del>    |  |              |   | <del></del>            |
| City & State  23   |                      | ,   | <u></u>                        |                 |         |                  | 5. Certificate of Status Desired   | <u> </u>     |   |                        |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   State   Country      | City & Sta           | te  | City & State                   |                 |         |                  | 6. Election Campaign Financing   |              | \$5.00  | May Be                 |
| Zip Country 2p Country 2p Country 8, This comporation owes the current year triangible Personal Property Tax.  | 23                   | <u> </u>  |                                |                 | •       |                  | Trust Fund Contribution  |              |   | Fees                   |
| BETANCOURT, NORMA 2873 SW 69 COURT MIAMI FL  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent 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 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 agent or printed same of 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 or printed same of registered agent agent or both on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent or printed same of registered agent agent or billion or printed same of registered agent agent or printed same agent. I am feet agent of the purpose of changing is registered agent agent or printed agent agent or printed same agent agent or printed agent agent agent or printed agent agent or printed agent agent agent or printed agent a | Zip                  | Country   | Zip                            |                 | ountry  |                  | j ·  | t year Inta  |   |                        |
| BETANCOURT, NORMA 2873 SW 69 COURT MIAMI FL 33155  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   Zip Code  80   Zip Code  81   Zip Code  81   Zip Code  81   Zip Code  81   Zip Code  82   Zip Code  83   Zip Code  84   Zip Code  85   Zip Code  86   Zip Code  86   Zip Code  87   Zip Code  87   Zip Code  88   Zip Code  89   Zip Code  80   Zip Code  81   Zip Code  81   Zip Code  81   Zip Code  84   Zip Code  85   Zip Code  86   Zip Code  86   Zip Code  87   Zip Code  88   Zip Code  89   Zip Code  80   Zip Code   | 24                   |   |                                | 30              |         |                  | <u> </u>   | 1-4 1 1      |   | LINO                   |
| BETANCOURT, NORMA 2873 SW 99 COURT MAM! PL 33155  84 City  |                      | g. Name and Address of Cur  | rent Registered Agent          |                 | 04      | Nome             | 10. Name and Address of New Reg  | gistered A   | vgent_  |                        |
| 2873 SW 69 COURT MIAMI FL 33155  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 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, an inmitiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PS OFFICERS AND DIRECTORS  12. TITLE  PS OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PS OFFICERS AND DIRECTORS IN TITLE  STREET ADDRESS  CITY-ST-ZP  MIAMI FL  14. CITY-ST-ZP  MIAMI FL  14. CITY-ST-ZP  MIAMI FL  14. CITY-ST-ZP  TITLE  MIAMI FL  15. TITLE   | RET                  | ANCOURT NORMA   |                                |                 | 8'      | B.               | milean   |              |   |                        |
| MIAMI FL 33155    84   |                      |   |                                |                 | 82      | Street A         | dress (P.O. Box Number is Not Acceptabl  | e)           | -   |                        |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 of the change of the agent and the appointment as registered agent, or both, in the State of Florida, State of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as r |                      |   |                                |                 | -       | <u> </u>         |  | •            |   |                        |
| 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 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 office or registered agent, and such accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PS BENTANCOURT, NORMA  12. NAME  BENTANCOURT, NORMA  12. NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  15. STREET ADDRESS  2873 SW 69 COURT  25. NAME  35. NAME  36. NAME  36. NAME  36. NAME  37. STREET ADDRESS  36. NAME  36. NAME  37. NAME  38. NAME  3 | mira                 | WI 1 L 30130  |                                |                 | [83     | [                |  |              |   |                        |
| 11. Pursuant to the provisions of Sections 607 (500 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 comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the comporation's board of directors. I hereby accept the appointment as registered agent, or both and the florida. Such change is a state of the provision and the florida. Such change is a state of the provision and the florida. Such change is a state of the provision and the florida. State of the provision and the    |                      |   |                                |                 | 84      | City             |  | FI           | 85 Zip C  | ode                    |
| Signature, typed or primated at agent and trifl all agoleations.   NoTE: Respitationed Agent signature required when inentiating)   DATE   | office or agent. I a | registered agent, or both, in the Sta<br>am familiar with, and accept the obl | ate of Florida. Such chang     | je was authoriz | ed by   | the corpora      | orporation submits this statement for the putation's board of directors. I hereby accept t | rnose of o   | changing its of the thick | registered<br>pistered |
| TITLE  | SIGNATURE            |   | agent and title if applicable. | (NOTE: Register | ed Ager | nt signature req | uired when reinstating)  | DATE         |   |                        |
| NAME   BENTANCOURT, NORMA   12 NAME   13 STREET ADDRESS   2873 SW 69 COURT   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   16 CITY-ST-ZIP   17 CITY-S   | 12.                  | OFFICERS  | AND DIRECTORS                  | 1:              | 3.      |                  | ADDITIONS/CHANGES TO OFFIC   | CERS AN      | D DIRECTO   | RS IN 12               |
| STREET ADDRESS   SRY 89 COURT   1.3 STREET ADDRESS   | TITLE                | PS  |                                | LETE 1.1        | TTLE    | }                |  |              | ☐ Change  | Addition               |
| MAMI   FL  | NAME                 | BENTANCOURT, NORMA  |                                | 1.2             | NAME    |                  |  |              |   |                        |
| TITLE  | STREET ADDRESS       | 2873 SW 69 COURT  |                                | . 1.3           | STREE   | T ADDRESS        |  |              |   |                        |
| NAME   FERNANDEZ, SILVIA   22 NAME   23 STREET ADDRESS   2873 SW 69 COURT   23 STREET ADDRESS   24 CITY-ST-ZIP   MIAMI FL  | CITY-ST-ZIP          | <del></del>   |                                |                 | CITY-S  | T-ZIP            |  |              |   |                        |
| STREET ADDRESS   CITY-ST-ZIP   MIAMI FL  | TITLE                | V   | ☐ DE                           | LETE 2.1        | TITLE   |                  |  |              | Change  | ☐ Addition {           |
| CITY-ST-ZIP  | NAME                 | FERNANDEZ, SILVIA   |                                | 2.2             | NAME    |                  | •  |              |   |                        |
| TITLE  | STREET ADDRESS       | <b>S</b>  |                                | 2.3             | STREE   | TADDRESS         |  |              |   |                        |
| NAME   FERNANDEZ, SILVIA   32 NAME   33 STREET ADDRESS   2873 SW 69 COURT   33 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   DELETE   4.1 TITLE   Change   Addition   A   | CITY-ST-ZIP          | MIAMI FL  |                                |                 | CITY-S  | ST-ZIP           |  |              |   |                        |
| STREET ADDRESS   2873 SW 69 COURT   3.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   34. CITY-ST-ZIP     TITLE     Change   Addition    | TITLE                | <b>T</b>  |                                | LETE 3.1        | TITLE   |                  |  |              | [] Change   | ☐ Addition             |
| TITLE  | NAME                 |   |                                |                 |         | 1                |  | -            | ·····   |                        |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         Addition         Change         Addition   |                      | 1   |                                |                 |         |                  |  |              |   |                        |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTALE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S.1 TITLE  S.2 NAME  SAME  |                      | MIAMI FL  |                                |                 |         | T-ZIP            |  |              | Change  | ☐ Addition             |
| STREET ADDRESS   43 STREET ADDRESS   44 CITY-ST-ZIP  |                      | }   | LJ DE                          | J.,             |         | J                |  |              |   |                        |
| CITY-ST-ZIP  |                      |   |                                |                 |         |                  |  |              |   | •                      |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         53 STREET ADDRESS         CITY-ST-ZIP         54 CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         62 NAME         CASESTANDERSS         CITY-ST-ZIP         Change         Addition  |                      |   |                                | 1               |         |                  |  |              |   |                        |
| NAME   |                      |   |                                |                 |         | 1.715            |  |              | Change  | Addition               |
| STREET ADDRESS   |                      |   | ىل ن                           |                 |         |                  |  |              |   |                        |
| SA CITY-ST-ZIP   |                      | ]   |                                |                 |         | TADDRESS         |  |              |   |                        |
| DELETE   6.1 TITLE   Change   Addition   |                      |   |                                |                 |         |                  |  |              |   |                        |
| NAME 62 NAME   |                      | i .   |                                | ■ "."           |         |                  |  |              |   |                        |
| COASSET ADDRESS  |                      |   | □ DE                           | LETE 6.1        | TITLE   |                  |  |              | Change  | Addition               |
| UITICE PODICIO   |                      |   | ☐ DE                           |                 |         |                  |  | <del></del>  | Change  | ☐ Addition             |
| CITY-ST-ZIP  | NAME                 |   | ☐ DE                           | 6.2             | NAME    | T ADDRESS        |  | <del>-</del> | Change  | Addition \             |

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 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 property 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 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 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 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 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 supplied with the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I f

SIGNATURE: \_