

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K98339

(0)

1. Corporation Name

N.R. OF MIAMI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:19

Principal Place of Business

480 SOLANO PRADO
CORAL GABLES FL 33156

Mailing Address

2140 W 68 ST
STE 310
HALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1989

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0136577

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 13669 Deering Bay Drive

2a. Mailing Address

26 13669 Deering Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami, Fla. 33158

27

City & State

City & State

23 Miami, Fla. 33158

28

Miami Fla., 33158

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLEVILLE, WALTER J.
237 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

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 typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	NASH, NORMAN
STREET ADDRESS	480 SOLANO PRADO-
CITY- ST- ZIP	CORAL GABLES FL
TITLE	DS
NAME	NASH, BARBARA
STREET ADDRESS	480 SOLANO PRADO
CITY- ST- ZIP	CORAL GABLES FL
TITLE	VP
NAME	NASH, ROGER
STREET ADDRESS	5055 KNOTTY PINE CT.
CITY- ST- ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	13669 Deering Bay Drive
1.4 CITY- ST- ZIP	Miami, Fla. 33158
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	13669 Deering Bay Drive
2.4 CITY- ST- ZIP	Miami, Fla., 33158
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	Sanford Fla., 32771
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Barbara Nash
BARBARA NASH

1/20/95 (305) 235