FILE NOW: FILING PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations			
1. Corporation	MENT # NAME NITO INC.	M36441	(7)			
13602 S.W. 83RD AVENUE 13			Mailing Address 13602 S.W. 83RD AVE MIAMI FL 33158	NUE		87 1161 81511 81811 81811 81811 81811 81811 ( <b>3</b> 81
O Driverie et Die					3. Date incorporated or Qualified 08/07/1986	3a. Date of Last Report 08/24/1995
2. Principal Pla 21	ace of Business		2a. Mailing Address 26		4. FEI Number <b>59-2708243</b>	Applied For Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	-		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Ζ</b> ιρ	<del>⊢</del> ¬	ountry	<b>28</b> ]	Country	Trust Fund Contribution  8. This corporation has liability for	r intangible tax under s. 199.032,
24	9. Name and A	ddress of Current R	29 egistered Agent	30]	Florida Statutes Ye  10. Name and Address of New	7
11. Pursuant to or registere familiar with SIGNATURE.	of the provisions of the regint, or both that is accept the of stanting the provision	Sections 607,0502 and it in State of Florida 8 blightfurns of, Section to an arms of registered agent and to OFFICERS AND DI	denogalisative pvC RECTORS	es, the above named or ed by the corporation's	ADDITIONS/CHANGES TO OF	FL 85 Zin Code  January Street
NAME STREET ADDRESS CHY-ST-7IP	13602 S.W. 8 MIAMI PL 331	CHAISTOS D BRD AVENUE T	TIS O.K	1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City - St. Zip	DPT KASSANDRAS CHRI: 13602 JW 83 AV HIDMI: 18 331078	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D: \\ MORALES, VA 13602 S.W. 8 MIAMI FL 331	3RD AVENUE	☐ DETEIE	2 1 HTEF 22 NAME 23 STREET ADDRESS 24 CHY+SE-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP			DELETE	3. 1 TIFLE 3.2 NAM( 3.3 STREET ADDRESS 3.4 CRY+ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY ST-ZIP			□ DELFTE	4 1 TIYLE 4 2 NAME 4.3 STRELL AUDRESS 4.4 CITY - ST- ZIP		Change Addition
THLE NAME STREET ADDRESS CITY+ST-ZIP			DEFEIE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - \$1 - ZIP		Change Addition
T-ILE NAME STREET ANDRESS CITY - ST-ZIP	Constitution of the second		☐ DELETE	6 1 TITLE 6.2 NAME 6.3 STIFELT ADDRESS 6.4 CITY: ST-ZIP		☐ Change ☐ Addition
certify that to eath; that I	the information indi am an officer or dir Block 12 or Block	is it changed, or on an	port brisupplemental ann	e enipowered to execut ess.	thy for the exemption stated in Section 119 curate and that my signature shall have the e this report as required by Chapter 607, Fi	camo logal offect as if made under