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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73151 Corporation Name

NAK REALTY AND MANAGEMENT, INC.

Principal Place	of Business	Mailing Address			T (BBING)) SILL PERSON INSOLUTION BIRDI GLOSS CONTRACTOR BIRDI GLOSS
801 N.E. 167TH ST. SUITE 307 N. MIAMI BEACH FL 33162 US		801 NE 167 STR STE 307 NO MIAMI BCH FL 33162 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					03/22/1988
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21		26			65-0037645 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
ANG	EL CTANIEVE		ļ	81 Name	·
ANGEL, STANLEY E 801 N.E. 167TH ST.			Ī	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
SUITE 307			-	83	
N MIAMI BACH FL 33162				63	<u> </u>
	The state of the s		T I	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 ag	ent and title if applicable (NOTE: Re	egistered a	Agent signature regu	ired when reinstating) DATE
12.	<u> </u>	ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 717	E	☐ Change ☐ Addition
NAME	KAUFMAN, NORMAN A.		12 NA	ME	
STREET ADDRESS	801 N.E. 167 ST.		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CIT	Y-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		Change ☐ Addition
NAME	KAUFMAN, NORMAN A.		2.2 NA	VE	
STREET ADDRESS	801 N.E. 167 ST.		2.3 STI	REET ADDRESS	1
CITY-ST-ZIP	n Miami Beach Fl	☐ DELETE		Y-ST-ZIP	Change ☐ Addition
TITLE			3.1 TIT		
NAME			3.2 NA	REET ADDRESS	
STREET ADDRESS	*			Y-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		. Change Addition
NAME	, , , , , , , , , , , , , , , , , , ,		4. 2 NA	ME	
STREET ADDRESS	,		4.3 ST	REET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT	LE	· Change Addition
NAME			5.2 NA	ME	•
STREET ADDRESS			5.3 ST	REET ADDRESS	
CITY-ST-ZIP			_	Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT	Į.	☐ Change ☐ Addition
NAME			6.2 NA		
CTDECT ADDDECC			■ 6.3 ST	REET ADDRESS	;

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR