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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49869

1. Corporation Name

NESRA SOUTH FLORIDA, INC.

Principal Place of Business

DYNACOLOR GRAPHICS
6565 NOVA DR
DAVIE FL 33317
US

Mailing Address

DYNACOLOR GRAPHICS
1182 NW 159TH DRIVE
MIAMI FL 33169
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

1182 NW 159 DR.

City & State

MIAMI FL

Zip Country

33169 USA.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip Country

29

30

3. Date Incorporated or Qualified

07/13/1992

4. FEI Number

65-3044564

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

9. Name and Address of Current Registered Agent

MURPHY, GLORIA
1182 NW 159 DRIVE
MIAMI FL 33169

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gloria Murphy GLORIA J MURPHY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, GLORIA
STREET ADDRESS 1182 NW 159 DRIVE
CITY-ST-ZIP MIAMI FL 33169

☐ DELETE

TITLE VPD
NAME GOLDMAN, JUDY
STREET ADDRESS 11000 SW 57 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME PIGNATO, KAREN
STREET ADDRESS 2929 SW 3RD AVE
CITY-ST-ZIP MIAMI FL 33129

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD
ALI PERRY
1150 LEE WAGENER BLVD
FT. LAUDERDALE, FL 33315

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)