## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT Corporation Name N96000006150 (4)

I. Corporatio	III FIERITE						` '									
NIA GROUP, INC.																
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Principal Place of Business Mailing Address												1881      1881     1881     1881     1881     1881     1881     1881     1881     1881     1881     1881		LOGIKA BIKAN HERI	8)(   <b>     </b>	
							חמ	n								
13899 BISCAYNE BOULEVARD   13899 BISCAYNE BOULEVARI   SUITE 144   SUITE 144								NV	•							
NORTH MIAMI FL 83181						NORTH MIAMI FL 33181-1650				}	3. Date Incorporated or Qualified	122	Date of Last R	20001		
ı											ľ	12/04/1996	Ja.	Dale of Last H	ieport	
2. Principal P	Place of Busi	ness			2	2a. Mailing Address						4. FEI Number	-1	T V Ar	oplied For	
21						26							_	<del>  </del>	ot Applicable	
Sulte, Apt. #, etc.						Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	
22						27								equired		
City & State						City & State				Ī	Election Campaign Financing     Trust Fund Contribution			May Be		
Zip Country					28	Zip Country									to Fees	
24				5			29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name	_انت	Addres	s of Curre		istered Age		1				10. Name and Address of New Re				
								8	Ħ	Name						
JACKSON, MARK A								8	2	Street A	Addres	s (P.O. Box Number is Not Acceptate	ole)			
13899 BISCAYNE BOULEVARD							L						***			
SUITE 144							8	3								
NORTH MIAMI FL 33181								8	4	City		-4/	F	85 Zip	Code	
11. Pursuant	to the provis	ions o	of Saption	pc 617.05	02 and	617.1508, I	Florida Statute	s, the abo	ve	-named o	corpor	ation submits this statement for the parts board of directors. I hereby acce	ourpose	of changing it	ls registered	
agent. I a	am familiar w	ib de	MAA	o the off	anions	of, Section	617.0503, Flor	rida Statul	tes	ine corp.	oracoi	is board of directors. Thereby acce	) LIIB 0	ppointnent as	registered	
SIGNATURE			LNVA	1/2	سيدلآ	-						5 /	27	197		
12.	Signature, typed	or prin		CERS A		itle if applicable	(NOTE	Registered /	- Ger	nt signature r	required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DERS A	NO DIRECTOR	35 IN 12	
TITLE	Chair	~~~	حمل	IOERS A	) DIN		DELETE	1.1 TITL	 E			ADDITIONS/CHANGES TO CLAR	JENO A	Change	☐ Addition	
NAME	AL.	hai:	., -	1	_	_		1.2 NAV		Ì						
CTOCCT ADDRESS CIQUIDIN KIJADE SON									EET	ADDRESS						
CITY-ST-ZIP 330 NW 1527 ST.						N. NIAMI, FL 138			- 51	r-ZIP						
TITLE	VICE	che	ile .				DELETE	2.1 TITL	E					Change	☐ Addition	
NAME	Sam			60 A		e	-	22 NAM	ΙE						İ	
STREET ADDRESS	3711				-	Ste.# 1	32	2.3 STRE	EET /	address						
CITY-ST-ZIP	Hous'	<u>na</u>	<u> </u>	- 770	<u> 204</u>		T nel eve	2. 4 CIT		T-ZIP				110		
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NAME ATTEST (DODDOO	Shace		Birt	ANT	بوعد	V		3.2 NAM								
STREET ADDRESS	land		ν, ω 	23 2	333	13				ADDRESS						
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NAME	ļ					_		4. 2 NAM		1						
STREET ADDRESS	]									ADDRESS						
CITY-SY-ZIP								4.4 CITY								
TITLE					_		DELETE	5.1 TITLE		-				☐ Change	Addition	
NAME								5.2 NAM	ΙE							
STREET ADDRESS	i							5.3 STR	EET /	ADDRESS						
CITY-ST-ZIP								5.4 CITY	- \$1	- <u>7</u> (P						
TITLE					-		DELETE	6.1 T(TL	E					Change	Addition	
NAME								6.2 NAM	E						İ	
STREET ADDRESS								6.3 STRE	ET A	ADDRESS					ļ	
OUTS OF BID	1							0.4 01714		r 710						

14. I do 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 pooling 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 change it, often an address.