

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:50

DOCUMENT # P93000014769 (2)

1. Corporation Name
NINASEL, INC.

Principal Place of Business

~~7401 S.W. MILLER DR.~~
~~MIAMI FL 33155~~

Mailing Address

~~7401 S.W. MILLER DR.~~
~~MIAMI FL 33155~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1993

3a. Date of Last Report
10/04/1994

4. FCI Number
65-0391238

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. **7705 SW 110 ST.**

Suite, Apt. #, etc.

22. **MIAMI**

City & State

Zip **33156**

Country

2a. Mailing Address

26. **7705 SW 110 ST.**

Suite, Apt. #, etc.

27. **MIAMI, FL**

City & State

Zip **33156**

Country

9. Name and Address of Current Registered Agent

~~E.H.G. RESIDENT AGENTS, INC.~~
~~2601 S BAYSHORE DR~~
~~SUITE 1225~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81. Name **SCOTT BARNETT**

82. Street Address (P.O. Box Number is Not Acceptable)
7705 SW 110 ST.

83. **MIAMI**

84. City **MIAMI**

FL

85. Zip Code **33156**

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]* **president**

3/27/95

Signature (Typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNETT, SCOTT
STREET ADDRESS	7705 SW 110TH ST.
CITY ST ZIP	MIAMI FL 33156
TITLE	V
NAME	BARNETT, SABRINA
STREET ADDRESS	7705 SW 110TH ST.
CITY ST ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
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 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 addition.

SIGNATURE: *[Signature]* **president Scott Barnett**

3/27/95

662 1208

Signature (Typed or printed name of signing officer or director)

Signature (Typed or printed name of signing officer or director)