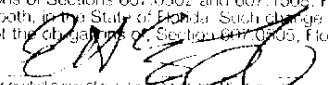
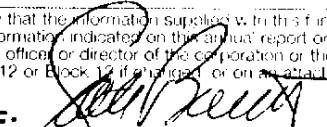


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000014769 1. Corporation Name NINASEL, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 1111 Kane Concourse	26 1111 Kane Concourse	3. Date Incorporated or Qualified 2/26/93	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	
22 Suite 301	27 Suite 301	4. FEI Number 65-0391236	
City & State	City & State	Applied For Not Applicable	
23 Bay Harbor, Florida	28 Bay Harbor, Florida	5. Certificate of Status Desired ☒ XX \$8.75 Additional Fee Required	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33154	29 33154	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
Country	Country		
25 USA	30 USA		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name E.H.G. Resident Agents, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 5100 Town Center Circle	
		83 Suite 330	
		84 City Boca Raton	
		FL 85 Zip Code 33486	
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 By: 		Edward H. Gilbert, President 7/30/96	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P		1.1 TITLE	
NAME Scott Barnett		1.2 NAME	
STREET ADDRESS 12901 S.W. 56th Street		1.3 STREET ADDRESS	
CITY-ST-ZIP Fort Lauderdale, FL 33330		1.4 CITY-ST-ZIP	
TITLE D/V/S		2.1 TITLE	
NAME Sabrina Barnett		2.2 NAME	
STREET ADDRESS 12901 S.W. 56th Street		2.3 STREET ADDRESS	
CITY-ST-ZIP Fort Lauderdale, FL 33330		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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.		100001911971 -08/02/96--01060--010 ***233.75	
SIGNATURE: 		Scott Barnett, President 7/30/96 954-790-0423	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)