FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000014769

1. Corporation Name: NINASEL, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 2/26/93
3a. Date of Last Report:

2. Principal Place of Business
21 1111 Kane Concourse
Suite, Apt. #, etc.
22 Suite 301
City & State
23 Bay Harbor, Florida
Zip 24 33154 Country 25 USA

2a. Mailing Address
26 1111 Kane Concourse
Suite, Apt. #, etc.
27 Suite 301
City & State
28 Bay Harbor, Florida
Zip 29 33154 Country 30 USA

4. FEI Number: 65-0391236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ XX — **$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 XX No

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 607.1508, 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 By: [signature] Edward H. Gilbert, President 7/30/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	Scott Barnett	
STREET ADDRESS	12901 S.W. 56th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE	D/V/S	☐ DELETE
NAME	Sabrina Barnett	
STREET ADDRESS	12901 S.W. 56th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	100001911971	Change ☐ Addition
6.2 NAME	-08/02/96--01060--010	
6.3 STREET ADDRESS	***233.75	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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.

SIGNATURE: [signature] Scott Barnett, President 7/30/96 954-790-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #