FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000014769
1. Corporation Name NINASEL INC,

Principal Place of Business: FLORIDA
Mailing Address:
1265 N. BISCAYNE POINT ROAD
MIAMI BEACH FLORIDA 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 MIAMI, FLORIDA Suite, Apt. #, etc. 22	2a. Mailing Address 26 1265 N BISCAYNE PT RD Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FL
Zip / Country 24 33141 / 25 DADE	Zip / Country 29 33141 / 30 DADE

3. Date Incorporated or Qualified: FEBRUARY 26 1993
4. FEI Number: 65 0391236 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

1265 N. BISCAYNE PT. RD.
MB. FL 33141
SABRINA
~~SCOTT~~ BARNETT

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 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: PRESIDENT (SABRINA BARNETT Reg Agent) DATE: 5/26/98
(If not Registered Agent signature required stating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT BARNETT	12 NAME	
STREET ADDRESS	1265 N. BISCAYNE POINT ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	14 CITY-ST-ZIP	
TITLE	VP, VICE PRES ☐ DELETE	21 TITLE	(REG. AGENT) - VP/RES. ☐ Change ☐ Addition
NAME	SABRINA BARNETT	22 NAME	SABRINA BARNETT
STREET ADDRESS	1265 N. BISCAYNE POINT ROAD	23 STREET ADDRESS	1265 N. BISCAYNE POINT RD.
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	24 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VICE PRESIDENT ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SABRINA BARNETT	32 NAME	
STREET ADDRESS	1265 N. BISCAYNE PT. RD.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 5/26/98 305 867 1906
TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)