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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000045612 (7)

DOCUMENT #
1. Corporation Name NAMOCO INC.

Delegational	Date	- (D	

Mailing Address

9383 NW 13TH STREET MIAMI FL 33172

9383 NW 13TH STREET MIAMI FL 33172



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MCLEAN, JAMES 9383 NW 13TH STREET MIAMI FL 33172 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 rorregistered 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 familiar with, and account the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rorregistered 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 familiar with, and account the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature OFFICE RS AND DIFE CYORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS NAME MOORE, NATHAN A 12. MME 12. MME 12. MME MOORE, NATHAN A 12. MME 13. STREET ADDRESS MIAMI FL 33172 14. CITY-SI-ZIP MIAMI FL 33172 15. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 16. CITY-SI-ZIP MIAMI FL 33172 16. CHANGES 17. SI-ZIP MIAMI FL 33172 17. SI-ZIP MIAMI FL 33172 18. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIFE CYORS 19. SIREET ADDRESS 19.	
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CITY-S1-ZIP 64 City-S1-ZIP	

14. I do hereby certify that the information supplied with this fing 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 indicared 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:

04-29-**9**6

Dayfine Phone #