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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300063526

1. Corporation Name

NAHIM'S INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90010 035 ***150.00



			_				
Principal Place of Business Mailing Address					i (BB)(BB) (10 (B)(B) (vit) abiti abiti abiti abiti	Tide (.) Bi Bille Here all Leaf	
7000 S.W. 80TH COURT 7000 S.W. 80TH COURT MIAMI FL 33143 MIAMI FL 33143					DO NOT WRITE IN THIS	CDACE	
•							
					3. Date Incorporated or Qualifed 09/13/1993		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21 · · · · · · · · · · · · · · · · · · ·		26			65-0436142	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip 3	Country		This corporation owes the current year Inta Personal Property Tax.	angible XYes □No	
24	9. Name and Address of Currer		-		10. Name and Address of New Registered	Agent	
	V. Italia alla Addiesa di Calle.	it Nogistaled Agent	81	Name			
DE MOROS, AIDA N.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
7000 S.W. 80TH COURT			83				
MIAMI FL 33143					•		
			84	City	FL	85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations.	e of Florida. Such change was auti	nonzed by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered itment as registered	
SIGNATURE		·			. DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			egistered Ager	it signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS JN 12	
12.	D OFFICERS AF	DELETE	1.1 TITLE		7201101070712110201010	☐ Change ☐ Addition	
TITLE			1.2 NAME	ļ		_	
NAME			1	r address			
STREET ADDRESS			1.4 CITY-S				
TITLE			2.1 TITLE	21		☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
			2.4 CITY-5			}	
CITY-ST-ZIP TITLE			3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	TAGE OUL COURT			TADORESS		,	
CTY-ST-ZIP	I . a a. a. a. a. a. a. a. a		3.4. CITY-5				
TITLE	Distribution of the state of th	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	v		4. 2 NAME	{			

NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

☐ Change

Change

Addition

☐ Addition