

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 30 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080815 (2)

1. Corporation Name

NAKA INTERNATIONAL CORP.

Principal Place of Business

8615 S.W. 44TH ST.
MIAMI FL 33155

Mailing Address

8615 S.W. 44TH ST.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

3a. Date of Last Report

05/19/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Locality

30. Locality

4. FEI Number

65-0450576

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

AMAYA, CARLOS M ARLOS
8615 S.W. 44TH ST.
MIAMI FL 33155

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 197.0307 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent, if other than the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

NAME	PSD
NAME	AMAYA, CARLOS M
STREET ADDRESS	8615 S.W. 44TH ST.
CITY, STATE, ZIP	MIAMI FL 33155
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	Change	Addition
15. NAME		
16. STREET ADDRESS		
17. CITY, STATE, ZIP		
18. TITLE		
19. NAME		
20. STREET ADDRESS		
21. CITY, STATE, ZIP		
22. TITLE		
23. NAME		
24. STREET ADDRESS		
25. CITY, STATE, ZIP		
26. TITLE		
27. NAME		
28. STREET ADDRESS		
29. CITY, STATE, ZIP		
30. TITLE		
31. NAME		
32. STREET ADDRESS		
33. CITY, STATE, ZIP		
34. TITLE		
35. NAME		
36. STREET ADDRESS		
37. CITY, STATE, ZIP		
38. TITLE		
39. NAME		
40. STREET ADDRESS		
41. CITY, STATE, ZIP		
42. TITLE		
43. NAME		
44. STREET ADDRESS		
45. CITY, STATE, ZIP		
46. TITLE		
47. NAME		
48. STREET ADDRESS		
49. CITY, STATE, ZIP		
50. TITLE		
51. NAME		
52. STREET ADDRESS		
53. CITY, STATE, ZIP		
54. TITLE		
55. NAME		
56. STREET ADDRESS		
57. CITY, STATE, ZIP		
58. TITLE		
59. NAME		
60. STREET ADDRESS		
61. CITY, STATE, ZIP		
62. TITLE		
63. NAME		
64. STREET ADDRESS		
65. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 197.0307, Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report by law and I declare and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in the attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-95

6329893

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mouton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081502 (5)

RICHELIEU TOWERS (13), INC.

Principal Office Address

8900 COLLINS AVE
SURFSIDE FL 33154

Mailing Address

8900 COLLINS AVE
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Prepared or Extended 11/29/1993	3a. Date of Last Report 05/01/1994
4. FCI Number 25-0482818 APPLIED FOR	Applied Fee Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has notice for exemption for under 500 FCI's Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. R. Abe Blankenstein	26. 2875 N.E. 191st Street
State Address	State Address
22. 1183 A. Finch Ave, W	27. Suite 404
City & State	City & State
23. Downsview, Ontario	28. N. Miami Beach
Country	Zip
24. M3J 2G2	29. 33180
Country	Country
25. Canada	30. Florida

9. Name and Address of Current Registered Agent

REINHARD, SANFORD N
2875 NE 191ST ST
SUITE 404
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number - Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of sections 607, 608 and 609, Florida Statutes, this 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 hereby held and accept the obligations of a registered agent Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Clerk

Signature of Registered Agent or Registered Agent's Clerk

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	D. REINHARD SANFORD N	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2875 NE 191ST ST SUITE 404	2. NAME	
CITY	NORTH MIAMI BEACH FL 33180	3. NAME	
NAME	President - Director	4. NAME	
STREET ADDRESS	1183 A. Finch Ave, W	5. NAME	
CITY	Downsview, Ontario M3J 2G2	6. NAME	
NAME	Secretary - Director	7. NAME	
STREET ADDRESS	Joseph Fialkov	8. NAME	
CITY	1183 A. Finch Ave, W	9. NAME	
NAME	Downsview, Ontario M3J 2G2	10. NAME	
STREET ADDRESS		11. NAME	
CITY		12. NAME	
NAME		13. NAME	
STREET ADDRESS		14. NAME	
CITY		15. NAME	
NAME		16. NAME	
STREET ADDRESS		17. NAME	
CITY		18. NAME	
NAME		19. NAME	
STREET ADDRESS		20. NAME	
CITY		21. NAME	

REMITTED BY MAY 1

Deposited by Bank

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
R. Abe Blankenstein

APR 12 1995

(305) 932-7555