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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9300080815 (2)

NAKA INTERNATIONAL CORP.

Principal Piace of Business Mailing Address 7699 S.W. 153RD CT. 7699 S.W. 153RD CT. SUITE 108 MIAMI FL 33193 SUITE 108 MIAMI FL 33183-1844 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1993 04/26/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0450576 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMAYA, CARLOS M ARLOS 7699 S.W. 153RD CT. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 108** 83 **MIAMI FL 33193** Zip Code 84 City 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 Signatine typed or printed name of registered agent and title if approable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) (6) PSD DELETE Change Addition 1.1 TITLE TITLE AMAYA, CARLOS M NAME 1.2 NAME 7699 S.W. 153RD CT. SUITE 108 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 1.4 CITY - ST - ZIP CITY-ST-7P Addition DELETE 2.1 TITLE Change THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZiP 2 4 CITY-SF-ZIP DELETE Addition Change 3.1 TITLE TITLE

14. I do 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 aprayachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

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3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

TITLE

NAME:

THEF

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZIF

CITY - S1 - ZIP

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MATURE AND THESE OR BONNEED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97

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**FILED** 

Mar 10 1997 8:00am

Secretary of State