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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P93000081885 (4)

1. Corporation Name

NOMIS BUSINESS, INC.



Principal Place of Business

2151 NE 155TH ST.  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

2151 NE 155TH ST.  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

21 2812 NW 35TH ST

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33142

Country

25 Dade

2a. Mailing Address

25 2812 NW 35TH ST

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33142

Country

30 Dade

9. Name and Address of Current Registered Agent

TROJECKI, SZYMON  
2041 NE 214TH ST  
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified  
11/30/1993

3a. Date of Last Report  
05/01/1995

4. FET Number  
65-0456375

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

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP  
SZYMON, TROJECKI  
2151 NE 155TH ST.  
N. MIAMI BCH. FL

CITY-ST-ZIP

TITLE

DTS  
PALINSKY, ILYA  
2151 NE 155TH ST.  
N. MIAMI BCH. FL

CITY-ST-ZIP

TITLE

V  
SABO, ABRAHAM  
2151 NE 155TH ST.  
N. MIAMI BCH. FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2812 NW 35TH ST  
MIAMI FL 33142

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2812 NW 35TH ST  
MIAMI FL 33142

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2812 NW 35TH ST  
MIAMI FL 33142

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2812 NW 35TH ST  
MIAMI FL 33142

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2812 NW 35TH ST  
MIAMI FL 33142

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (305) 635-8889

Date

Daytime Phone #

CR2E034 (12/95)