FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001480898
-05/09/95--01093--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000084382 (9)

1. Corporation Name
NATIONAL INVESTMENTS OF DADE COUNTY INC.

Principal Place of Business
% MARCIA B. CABALLERO
2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

Mailing Address
% MARCIA B. CABALLERO
2450 SW 137TH AVE., SUITE 221
MIAMI FL 33175

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 12/05/1994

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0453721 — 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
CABALLERO, MARCIA B
2450 SW 137TH AVE
SUITE 221
MIAMI FL 33175

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 of new registered agent or authorized agent of new agent
PRINT the name of the new registered agent or authorized agent
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FERNANDEZ, LUIS
STREET ADDRESS	240 SW 62ND AVE
CITY ST ZIP	MIAMI FL 33165
TITLE	VST
NAME	FERNANDEZ, BARBARA L
STREET ADDRESS	240 SW 62ND AVE
CITY ST ZIP	MIAMI FL 33165
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing (a voluntary filing) 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 trustee 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 is an attachment with no errors.

SIGNATURE: V.P. 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Digital Check #

D180000 CR