


**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90094 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |  |                                                                                                                                                         | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P94000008359</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 1. Corporation Name<br><b>NOSTRO, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| Principal Place of Business<br>7610 HOLLYRIDGE ROAD<br>JACKSONVILLE FL 32256                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                   | Mailing Address<br>7610 HOLLYRIDGE ROAD<br>JACKSONVILLE FL 32256                                                                                        |                                                                                                                 |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                      |                                                                                                                 |  |
| 3. Date Incorporated or Qualified<br><b>01/07/1994</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                   | 4. FEI Number<br><b>59-3387165</b>                                                                                                                      |                                                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                                   | Applied For<br>Not Applicable                                                                                                                           |                                                                                                                 |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   | \$8.75 Additional Fee Required<br>\$5.00 May Be Added to Fees                                                                                           |                                                                                                                 |  |
| 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                                                                                                                 |  |
| 9. Name and Address of Current Registered Agent<br><b>FLANAGAN, TIMOTHY L</b><br><b>ONE ENTERPRISE CENTER, SUITE 1235</b><br><b>225 WATER STREET</b><br><b>JACKSONVILLE FL 32202</b>                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>BASSO, RAYMOND P</b>                                           |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7610 HOLLYRIDGE RD.</b>                                        |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>JACKSONVILLE FL 32256</b>                                      |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>BASSO, CATHERINE B</b>                                         |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7610 HOLLYRIDGE RD.</b>                                        |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>JACKSONVILLE FL 32256</b>                                      |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> DELETE                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 1.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 3.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 4.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 5.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 6.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                   |                                                                                                                                                         |                                                                                                                 |  |
| 6.4 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.

SIGNATURE: **SIGNATURE OF CATHERINE BASSO, SECRETARY** APRIL 15, 1999 904/641-3793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Catherine B. Basso*  
 5/3/99

CR2E034 (1/98)