

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

20 JUL 20 PM 1:23

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P94000024687

1. Corporation Name  
NILES ATLANTIC GROUP CORPORATION

Principal Place of Business Mailing Address  
429 NE 82ND STREET 429 NE 82ND STREET  
#1B #1B  
MIAMI FL 33136 MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24 429 NE 82 ST Suits, Apt. #, etc. MIAMI FLCity & State 25 Dade Zip Country	26. Mailing Address 26 429 NE 82 ST Suits, Apt. #, etc. MIAMI OFFICE 1B City & State 27 FL 33136 Zip Country	3. Date incorporated or Qualified 03/31/1994	4. FEI Number APPLIED FOR 65-DH9363	Applied For Not Applicable
5. Certificates of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$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. Name and Address of Current Registered Agent SHAND, PHILIP O 906 NW 200 TERRACE MIAMI FL 33109 29 NE 82 St. Miami, Fl. 33138	9. Name and Address of New Registered Agent NILES ATLANTIC GROUP 429 NE 82 ST MIAMI OFFICE 1B FL Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1609, Florida Statutes, the above-named corporation submits this statement for the purpose of checking 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	12 UNIT
NAME	SHAN, FREDERICK	1.2 NAME	12 REFRIGERATOR 2.3 YEARS OLD
STREET ADDRESS	429 NE 82ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	SHAND, PHILIP O	2.2 NAME	R2 SIOVE 2-3 YEARS OLD
STREET ADDRESS	906 NW 200 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33109	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VALU ABOUT \$1,200.00
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	4/15/99 90131 040 \$150.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(1), 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 checked, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Frederick Shan DATE: 2/28/99

CR2004 (11/98)