

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

FILED

Jan 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000042499 (1)**

1. Corporation Name  
**NKISI, CORP.**

Principal Place of Business  
**6022 S.W. 26TH ST.  
MIAMI FL 33155**

Mailing Address  
**6022 S.W. 26TH ST.  
MIAMI FL 33155-3129**



3. Date Incorporated or Qualified **06/07/1994** 3a. Date of Last Report **02/09/1996**

4. FEI Number **65-0511596** 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

2. Principal Place of Business  
21 **6501 SW 59 ST**

Suite, Apt. #, etc.

22 City & State: **MIAMI FL**

23 Zip **33143** Country **USA**

2a. Mailing Address  
26 **6501 SW 59 ST**

Suite, Apt. #, etc.

27 City & State: **MIAMI FL**

28 Zip **33143** Country **USA**

9. Name and Address of Current Registered Agent  
**ALLEN, WILFREDO O  
2250 S.W. 3RD AVE.  
MIAMI FL 33129**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>BEDIA, JOSE</b>	
STREET ADDRESS	<b>6022 S.W. 26TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155</b>	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	<b>VALDES, LEONOR F</b>	
STREET ADDRESS	<b>6022 S.W. 26TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOSE BEDIA</b>	
1.3 STREET ADDRESS	<b>6601 SW 69 ST</b>	
1.4 CITY - ST - ZIP	<b>MIAMI FL 33143</b>	
2.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEONOR BEDIA</b>	
2.3 STREET ADDRESS	<b>6601 SW 69 ST</b>	
2.4 CITY - ST - ZIP	<b>MIAMI FL 33143</b>	
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 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 an attachment with an address.

SIGNATURE: **J Bedia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6631853**

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

0211601

CR2E034 (9/96)