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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P9400054780 (9) NICE REEF, INC.						1 (188)/201 (18 18)(1 818)(1 818)(1 8	3 04 30 44 86 0	i didil didir.	111 1 (61) (61) (1
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MIAMI FL 3	33131		MIAMI FL 33131						
						3. Date Incorporated or Qualified 07/25/1994		of Last R 04/27/1	
- Principa' Pia -	ice of Business	.	Mailing Address		-	4. FEI Number	- 1		Applied For
Suite, Apt. #	t, etc.	26	Suite, Apt. #, etc.	····		65-0508735			Not Applicabl
		27				5. Certificate of Status Desired			Additional Required
City & State		*** I	City & State			6. Election Campaign Financing			0 May Be
	Country	28	Zipi		ountry	Trust Fund Contribution			d to Fees
	25	29	. 4.	30	ournity	8. This corporation has hability for Florida Statutes	intangible ta	x under s	199.032,
	9. Name and Addres	ss of Current Registe	ered Agent		1	10. Name and Address of New F	_	Agent	
					81 Name				
FREEMAN, STEPHEN A					82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	RICKELL KEY DR				83		<u></u>		
SUITE					83				
MIAMI FL 33131					84 City			85 Zi	p Code
Pursuant to or registere familiar with	o the provisions of Sections o				love named corpoi corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	FL rpose of cha ointment as	anging its r registered	egistered offi agent. I am
Pursuant to or registere familiar with NATURE S	i. and accept the obligat	ions of Section 607.08	505, Florida Statut	tes.	es Agent signature require	or directors. Thereby accept the app	rpose of cha ointment as	registered	agent. I am
Pursuant to or registere familiar with SNATURE S	i, and accept the obligat	ions of, Section 607.08 Fregularity and the day FIGERS AND DIRECT	505, Florida Statut	INOTE Registers	es Agent signature require	ro of directors. I hereby accept the app	rpose of cha ointment as DATE ICERS AND	registered	RS IN 12
Pursuant to or registere familiar with SNATURE s	i. and accept the obligat	Tropiced apin and tropic EICERS AND DIRECT	ORS DELETE	MIZEC BY THE tos. MOTE Registers 1.1	Corporation's boa	or directors. Thereby accept the app	rpose of cha ointment as DATE ICERS AND	registered	RS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachme

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR