FILE NOW: FILING FEE AFTER MAY 19T IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham-

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000057552 (9)

NERRY BOYD, INC.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	
10401 SW 169TH STREET 10401 SW 169TH STREET	
MIAMI FL 33157 MIAMI FL 33157	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
<u>. </u>	08/04/1994
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 10401 S.W. 168th St. 26 10401 S.W. 168th S	JO 00711170
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired See Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
MIAMI, FLORIDA 33157 28 MIAMI, FLORIDA 331	5 7 Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30 30 9. Name and Address of Current Registered Agent	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
10380 S W 167 St	
Miami, FL 33157	t Address (P.O. Box Number is Not Acceptable)
83	
B4 City	85 Zip Code
	FL 6 2000
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 607.6505. Florida Statutes.	
SIGNATURE	
Signature, typed or profed name of registered agent and that disapplicable (NOTE: Registered Agent's gnature)	
TITLE D OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D Addition
NAME HENRY, MYRTLE 1.2 NAME	Henry, Myrtle
STREET ADDRESS P.O. BOX 971038	1 10000 0 11 100 01
CITY-ST-ZIP MIAMI FL 33197-1038 14 CITY-ST-ZIP	Miami, FL 33157
TITLE .P DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME MOON, MERLE 22 NAME	
STREET ADDRESS 10401 SW 168 ST 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	
TITLE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-S1-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	1
STREET ADDRESS 5.3 STREET ADDRESS	1
DITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE L. DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	

In Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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:

Messe

Woon

DiRector

3-28-98 305-2550818