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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000080119

1. Corporation Name

N & I DOINTING INC

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90284 029 \*\*\*150.00

	minima, inc.						<b>40 (</b>	
Principal Place	of Rusiness	Mailing Address				-  I ANDINADI AKO INDIA DHULI DURAN 80014 8014		101 (1010 1011 100)
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3031 NORTHWEST 26 STREET 3931 NW 33 AVE FORT LAUDERDALE FL 33311 LAUDERDALE LKS FL 33 US		309	09		DO NOT WRITE IN	THIS SPACE		
						3. Date incorporated or Qualifed 11/01/1994		- 10-71
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0532270		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required		
City & State	e	City & State				6. Election Campaign Financing		<b>0</b> мау Ве
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current ye		(Tu-
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		81 1	lame	10. Name and Address of New Regist	erea Agent	
AME	DII AWVED		[	°'  '	vame			
AMERILAWYER 343 ALMERIA AVENUE			1	82 9	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COR	IAL GABLES FL 33134		[1	83				
			<del> </del>	84 (	City		85 Zi	p Code
			ĺ		•		FL	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized	by the	amed corpo corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	se of changing appointment as	its registered registered
ayon. rai		gallons of, Section 607.0303, r	ionua Statut	les.				
-	The state of the s							<u>.                                    </u>
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SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NC	TE: Registered A	Agent siç	gnature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS	igent and title if applicable (NC	TE: Registered A	Agent sig	gnature required			
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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 AND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIRECTOR