Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90090 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOGO

1. Corporation	NEST CORP.) 5 0220			
Principal Place	of Business	Mailing Address		ים הניקסה הנוחסים בהקוום הוצמין עדור נעשונקסטר ר	נססר ווטו ופסור פוסוו פוזמס גווסן פווס.
200 S. BISCAYN		200 S. BISCAYNE BLVD			
SUTE -3150	12 0C10	SUITE 19150			****
MIAMI FL 33131 MIAMI FL 33131-1897			DO NOT WRITE IN T	HIS SPACE	
US		US		3. Date Incorporated or Qualifed	
		I a. Adullian Addana		12/12/1994 4. FEI Number	Applied For
- 1	ace of Business	2a. Mailing Address		Y ** : =: : -:	Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.		65-0543211	\$8.75 Additional
\neg α α	#, etc.	27 24/()		5. Certificate of Status Desired	Fee Required
22 24 (City & State	<u></u>	City & State		6 Flection Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	10	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Register	red Agent
			81 Name		
SCHULTZ, STEVEN A			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
200 S. BISCAYNE BLVD			0		
SUITE 3 150			83 24		
MIAMI FL 33131			84 City		85 Zip Code
	,		1.1.7		FL `
agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons or, Section 607.0305, Fibric	ja Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			Registered Agent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS	
12.	<u> </u>	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	VSTD	_ DELECTE	1.2 NAME		
NAME SCHULTZ, STEVEN A		1.3 STREET ADDRESS	SURPHID		
STREET ADDRESS	200 S. BISCAYNE BLVD STE-	30-	1		
CITY-ST-ZIP	MIAMI FL	□ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	CASTELLS, VIOLETA	₩ DE12	2.2 NAME	_	
NAME	- 3163 INVERNESS		2.3 STREET ADDRESS	2985 Wentwork	
STREET ADDRESS	FT-LAUDERDALE-FL		2.4 CITY-ST-ZIP	2985 WentwoAl FI. Landerdele, FL 333	32
CITY-ST-ZIP	TI CAUDENDALE IL	□ DELETE	3.1 TITLE	-11:00 00 10 10 10 10 10 10 10 10 10 10 10 1	☐ Change ☐ Addition
NAME	Y.		3.2 NAME		
STREET ADDRESS	.		3.3 STREET ADDRESS		
ì			3.4. CITY-ST-ZIP		ì
CITY-ST-ZIP TITLE	<u>·</u>	DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		`
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP	. T		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	· "		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		:
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS