

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000092024 (6)

1. Corporation Name

NASON & NASON, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR  
SUITE 601  
MIAMI FL 33131  
US

2704 SEGOIA ST  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1994

4. FEI Number

65-0541246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 501 BRICKELL KEY DR

26 501 BRICKELL KEY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 203

27 SUITE 203

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33131

25 US

29 33131

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASON, DENNIS

2704 SEGOIA ST  
CORAL GABLES FL 33134

1050 ANDORA AVE  
CORAL GABLES, FL  
33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1050 ANDORA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable

Dennis H. Nason

(NOT: Registered Agent signature required when reinstating)

1/12/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DPST  
STREET ADDRESS NASON, DENNIS  
CITY-ST-ZIP 2704 SEGOIA ST  
CORAL GABLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1050 ANDORA AVE

CORAL GABLES, FL 33146

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS ROBSON, NAYDA NASON  
CITY-ST-ZIP 1925 BRICKELL AVE APT D412  
MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MIAMI FL 33129

☒ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DUSTIN G. NASON  
1901 BRICKELL AVE, B 504  
MIAMI FL 33129

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

DENNIS H. NASON

1/12/98

(305)

379-9400

CR2E034 (10/97)