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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra BaMortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000031402 (7)

**NURIBE CORP.** 

**FILED** Mar 17 1998 8:00am Secretary of State



					{	
Principal Place of Business Mailing Address				( 189/1881 119 1919) Shill 44111 49111 48111 48114 (1191 1191 1191 1191 1191 1191 1191		
BROWARD COUNTY 11996 GLENMORE DR						
11996 GLENMORE DR		CORAL SPRINGS FL 33	3071		DO NOT WRITE IN THIS SPACE	
CORAL SPRINGS FL 33071 US		US			3. Date Incorporated or Qualified	
03					04/18/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 26		<b>⊢</b>			65-0572441 Not Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
27					5. Certificate of Status Desired Fee Regulred	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	ı	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registered Agent	
l N	iunez, angel		81	Name		
BROWARD COUNTY			82	Street A	Address (P.O. Box Number is Not Acceptable)	
11996 GLENMORE DR				ļ		
CORAL SPRINGS FL 33071			83			
			84	City	85 Zip Code	
				1 1	FL   2 P OOC	
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 of the purpose of the purpose of changing its registered of the purpose of the purp						
11. Pursuant to the provisions of Soctions 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 age			ent signature i	required when reinstating) DATE	
12.	VICE Prez	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT - OWNER L'Addition	
TITLE		☐ bcrci€	1.1 TITLE		MANUAL AND A M. MULARITA	
NAME	NUNEZ, ANGEL E	HTC AAA	1.2 NAME		MAYRA V. NUNEZ 11996 Glennoce Dr	
STREET ADDRESS	11996 GLENMORE DR., SU	IIIE 200	1.3 STREET		Catal chester Cl 27071	
CITY-ST-ZIP	CORAL SPRING FL	DELETE	1.4 CITY - S 2.1 TITLE	11-ZIP	COTAL SPRINGS, FL 33071 VICE PRESIDENT Change PAddition	
TITLE	VP				LUIS B. NUNE &	
NAME	RODRIGUEZ, GEORGE		2.2 NAME	4000000	80-66 89 Th AVE	
STREET ADDRESS	11996 GLENMORE DR			ADDRESS	woodharen, NY 11421	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DELETE	2, 4 CITY - 3,1 TITLE	SI-ZIP	Change Addition	
TITLE		beece	3.1 TITLE			
NAME OTDEET ADDRESS			1	ADDRESS		
STREET ADDRESS			3.4. CITY-			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31. TIL	Change Addition	
NAME			4.2 NAME	l		
STREET ADDRESS			4.2 MAME	ADDRESS		
			4.4 CITY - S			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	11-211	Change Addition	
NAME			5.2 NAME	ļ	_ <del></del>	
STREET ADDRESS			5.3 STREET	ADDRESS		
			5.4 City - 5	1		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	71 - 411	☐ Change ☐ Addition	
NAME		the second	6.2 NAME		_ · <b>_</b> ·	
STREET ADDRESS			6.3 STREET	ADDRESS		
			6.4 CITY - S			
CITY-ST-ZIP	portify that the information supplied w	with this filling does not qualify for			ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

Thereby being that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. Turner certify that find 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.

2/1/98

954 345-3652