FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000042059 (2)**

1. Corporation Name

4520 NBR CORP.

Principal Place of Business	Mailing Address
801 BRICKELL AVE., 24TH FLOOR MIAMI FL 33131	801 BRICKELL AVE., 24TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: **05/30/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: **4520 North Bay Road**
22: Suite, Apt. #, etc:
23: City & State: **Miami Beach, FL.**
24: Zip: **33140**
25: Country:

2a. Mailing Address
26: **400 North Congress Ave.**
27: Suite, Apt. #, etc: **#100**
28: City & State: **West Palm Beach, FL.**
29: Zip: **33410**
30: Country:

4. FEI Number: X Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVE., 24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: American Information Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1 SE 3rd Avenue
83: 27th Floor
84 City: Miami **FL** 85 Zip Code: 33131

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. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Director Mr. Jost Hellmann 400 N. Congress Ave. West Palm Beach, FL. 33401 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary & Treasurer Jonathan Cameron-Hayes 400 N. Congress Ave. West Palm Beach, FL. 33410 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Cameron-Hayes 8-5-96 561 686 6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/8/96

CR2E034 (12/95)