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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045146 (4)

FILED May 21 1998 8:00am Secretary of State

NATIO	NWIDE SIGNS AND NEON I	NC.						
Principal Place of Business Mailing Address						-	HIÇÇI BILEK HIÇIN	BÁQÁQ (D)III 1981
651 NW 1007 MIAMI FL 331 US		510 NW 128 ST NO MIAMI FL 33168			DO NOT WRITE IN TH	S SPACE		
						3. Date Incorporated or Qualified		
						06/02/1995		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 Cuita Ant	# 440	26				65-0591217		Not Applicable
Suite, Apt.	#, BtC.	Suite, Apt #, etc.				5. Certificate of Status Desired	4	Additional
City & State	<u> </u>	City & State						Required
23		28				6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip Country				8. This corporation owes or has paid the		
24	25	29	30	•		Personal Property Tax due June 30.	Yes	No
,	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registere		
AL'	TAMAR, EDUARDO JR			81 N	lame			
510 NW 128 ST				82 S	troot Addro	ss (P.O. Box Number is Not Acceptable)	* -	
NO MIAMI FL 33168			- '	62 3	Mest Addres	iss (F.O. Box Number is Not Acceptable)		1
	3		Ī	83			****	
			ļ.	84 C	City		las I 25	0.40
			['	04 C	жу	F	L 85 Zip	Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida Statute of Florida Such change was a litions of, Section 607,0505, Flo	es, the about authorized rida Statu	ove-na by the stes.	amed corpo e corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered is registered
SIGNATURE	Signature typad or printed name of registered ages	NOTE and the dispersion of NOTE	Benistered	Arient si	innet ve ren iven	d when reinstating) DATE		
12.	OFFICERS AND		13.	riginit si	grations requires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	DELETE	LE			Change		
NAME	ALTAMAR, EDUARDO		1.2 NAN	ME				-
STREET ADDRESS	510 NW 108 STREET 1.31		1.3 STR	REET ADD	DAESS			{
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-\$1-ZI	P			}
TITLE	V	☐ DELETE	2.1 TITL	LE			Change	Addition
NAME	A LJAMAR, EDUARDO SR.		2.2 NAN	ME				-
STREET ADDRESS			2.3 STA	2.3 STREET ADDRESS		·		
CITY-ST-ZIP		MIAMI FL 2.4		Y-S7-Z	IP.			
TITLE	-		3.1 TITL	l.E			Change	☐ Addition
NAME	ALTAMAR, ABNER	3.2 h		V1E				
STREET ADDRESS	510 NW 12 STREET		3.3 STREET		ress			ļ
CITY-ST-ZIP	MIAMI FL			Y-\$T-Z	IP			
TITLE		☐ DELETE	4.1 TITL				Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADD	RESS			
CITY-ST-ZIP		Derete	4.4 CITY-ST		Р			
TITLE		☐ DELETE	5.1 TITLE		1		L_ Change	L. Addition
NAME OTOTET ADDRESS			5.2 NAM					
STREET ADDRESS				EET ADD	1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL	Y - ST - ZII	-		Change	Addition
NAME							онапде	F** Manifoli
			6.2 NAM		0500			
STREET ADDRESS				EET ADD				
CITY-ST-ZIP	ertily that the information supplied will	h this filian does not qualify to		r-SI-Zil		ection 119 07/3Vi) Florida Statutes I further	cartify that th	a information

4. 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.

CIGNIATURE.

- ham

4-29-98

(305)7579060