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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000050732 (3)

NINA, INC.

FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2327 DESOTO WAY SOUTH 2327 DESOTO WAY SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3323758 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAH, BHULA D 2327 DESOTO WAY SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33712 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME DIAH, BHULA D 1.2 NAME **CR2E034** STREET ADDRESS 2327 DESOTO WAY SOUTH 1.3 STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ___ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE TITLE 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. I hereby certify that the information supplied with this filling 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: