FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000054677 (6)

NEAT-KNOT CORPORATION

.

Principal Place of Business 8307 S.W. 142 AVENUE

DOCUMENT #

Mailing Address

2a. Mailing Address

8307 S.W. 142 AVENUE F109

2. Principal Place of Business

MISAMI FL 33183

8307 S.W. 142 AYENUE

F109

26

MI9AMI FL 33183

FILED

96 SEP -6 AM 8: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified

05/31/1995

65-0597411

4. FEI Number



9/3/96 (305)3877322

0206272

3a. Date of Last Report

Applied For

Not Applicable

Suite, Apt. #, etc.			 	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
2 City & State	<u>.</u>		27 City	& State				6. Election Campaign Financing Trust Fund Contribution Added to Fees
IMAIM			28 M	IAMI				Trust Fund Contribution Added to 1 ees
Zip		Country	Zip		Cou	intry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes XX Yes ☐ No
4		25	29		30			Florida Statutes X Yes L No 10. Name and Address of New Registered Agent
···	9. Name	and Address of C	Current Registered	d Agent				
						81	Name	·
VALENCIA, JOEL D 8307 S.W. 142 AVENUE						82	Street /	ot Address (P.O. Box Number Is Not Acceptable)
						83		
F109								85 Zip Code
MISAMI FL 33183						84	City M T	FL
		10-11-00	2 0500 and 607 15	08 Florida Statut	es the ab	ove-r		the state of the s
 Pursuant to or registere 	the provis	ions of Sections but both, in the State	of Florida. Such cha	ange was authoriz	zed by the	corp	oration's	corporation submits this statement for the purpose of classifier that a registered agent. I am 's board of directors. I hereby accept the appointment as registered agent. I am
familiar with	, and acce	pt the obligations of	of Section 607.050	5, Florida Statute	S.			
SIGNATURE _	•		2 2 2 2 2	ablo Air	OTF Boolstore	d Aner	nt signature m	re required when reinstaling) DATE
8	Signature, typeo		red agent and title if applicated RS AND DIRECTOR		13.	 		ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12
12.		OFFICE	NO AND DIRLOTO	DELETE		TITLE		Change Addition
TITLE	D	IOU IOPI D		Lad Ottalia	1	NAME		
NAME	VALE	ICIA, JOEL D	F E400				T ADORESS	
STREET ADDRESS		S.W. 142 AVENU	JE F109				ST-ZIP	MIAMI
CITY-ST-ZIP	MISAN	AI FL 33183		C DELETE		TITLE		Change Addition
TITLE				T Percir		NAME		
NAME							* ********	22
STREET ADDRESS							T ADDRESS	l.
CITY-ST-ZIP				E DELETE		CITY-:	ST-ZIP	500001956295 -09/25/9601051023
TITLE .				DELETE	1			500001956299
NAME				٠		NAME		-09/25/9601051023
STREET ADDRESS				-		_	ET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	<u> </u>						ST-ZIP	☐ Change ☐ Addition
TITLE				DEFELE		TITLE		
NAME		.*				NAME		
STREET ADDRESS					4.3	STREE	et address	SS
CITY-ST-ZIP							ST-ZIP	☐ Change ☐ Addition
TITLE				☐ DELETE	5.	1 TITLE	•	Change C North
NAME					5.2	NAME	•	
STREET ADDRESS					5.3	STREE	et address	iss
CITY-ST-ZIP					5.4	CITY-	-ST-ZIP	☐ Change ☐ Additi
TITLE	 			DELETE	6	1 TITLE	E	Change Additi
NAME	1				6.:	NAM!	E	
					6.	STRE	ET ADDRESS	(SS) JB9-16-96
STREET ADDRESS					6.	4 CITY	-ST-ZIP	
CITY-ST-ZIP	w cortify th	at the information s	supplied with this fili	ng is voluntarily fo	umished a	nd do	es not qu	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
	by certify that the inform	at the information s nation included on ficer or diector of	supplied with this fill this annual report of the corporation or the	ing is voluntarily for supplemental a	6. urnished ar nnual repo stee empor	d CITY nd do nt is t wered	-st-zip bes not qu true and a d to exec	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthed accurate and that my signature shall have the same legal effect as if made uncecute this report as required by Chapter 607, Florida Statutes; and that my name

NING OFFICER OR DIRECTOR

VALENCIA