

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 # P95000075747 (2)

1. Corporation Name

NOSSA FIRMA ENTERPRISES INC.



Principal Place of Business

Mailing Address

~~121 S.E. 1ST ST.~~
~~S. 814~~
~~MIAMI FL 33131~~

~~121 S.E. 1ST ST.~~
~~S. 814~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 121 S.E. 1ST ST.

26 121 S.E. 1ST ST.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 Suite 514

27 Suite 514

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

4. FEI Number
15-0614240

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

10. Name and Address of New Registered Agent

~~BERRY, SILVANA T.~~
~~121 S.E. 1ST ST.~~
~~S. 814~~
~~MIAMI FL 33131~~

81 Name
BERRY, SILVANA T.

82 Street Address (P.O. Box Number is Not Acceptable)
121 S.E. 1ST ST.

83 Suite 514

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

Silvana T. Berry

BERRY, SILVANA T.

05/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
BERRY, SILVANA T
% 121 S.E. 1ST ST. S. 814
MIAMI FL 33131

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
121 S.E. 1ST ST. STE
MIAMI, FL. 33131 514.

☒ Change ☐ Add on

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVD
OLIVEIRA, CONCEICAO M
% 121 S.E. 1ST ST. S. 814
MIAMI FL 33131

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
121 S.E. 1ST ST. STE
MIAMI, FL. 33131 514

☒ 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 ☐ Add on

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

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)(k), Florida Statutes. I further certify that the information indicated in 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:

Silvana T. Berry BERRY, SILVANA T.

05/29/96

(305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)