1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077584

1. Corporation Name

N.P. INTERNATIONAL CORP.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90024 046 ***150.00



Principal Place	of Business	Mailing Address						
MIAMI MERCHANDISE MART		777 N.W. 72ND AVENUE						
#3D5		#3D5		DO NOT WRITE IN THIS SPACE				
MIAMI FL 33126		MIAMI FL 33126		3. Date Incorporated or Qualifed				
US		US			10/10/1995			
	- d Divolance	2a, Mailing Address			4. FEI Number	- . — 	- 	Applied For
—	ace of Business		nd	AVENUE				Not Applicable
21 26 / / N W / Suite, Apt. #, etc. Suite, Apt. #, etc.			Z TOU HUGAUE			_		Additional
			3		5. Certifcate of Status Desired			Required
22 27 # 3 A A 23 City & State City & State			_		6. Election Campaign Financing		\$5.0	0 May Be
23	28 MiAMI F	ii K		Trust Fund Contribution			d to Fees	
Zip	Country		ountry		8. This corporation owes the curre	nt year Intar	ngible	
24	25	29 33/26 30	(y.5.	Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current				10. Name and Address of New R	egistered A	gent	
			81	Name				
PEREZ, NELSON J				Street Address	ess (P.O. Box Number is Not Acceptal	ble)		···
8960 NW 8 ST.				Street Addres	55 (1 . O. DOX Hallings) is 1400 hoodplas			
APT. 404								
MIAN	/II FL 33172			0.7			05 7:	p Code
1			84	City		FL	85 Zi	h cone
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above	e-named corpo	ration submits this statement for the	purpose of c	nanging	its registered
l office or to	egistered agent, or both, in the State o m familiar with; and accept the obligati	f Florida. Such change was authoriz	zed by	the corporation	n's board of directors. I hereby accept	t the appoint	ment as	registered
	in ramitiai with; and accept the obligation	ons or, occurr controlog, i forda si		•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	ered Agen	t signature required		DATE		
12.	OFFICERS AND		3,		ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE 1.1	1 TITLE	- [—·			Chang	e 🔲 Addition
NAME	PEREZ, NELSON J	1.2	2 NAME					
STREET ADDRESS	8960 NW 8TH ST., APT. 404	1.3	3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL	1.6	4 CITY-S	T-ZIP				
TITLE	S	DELETE 2.	1 TITLE				☐ Chang	e Addition
NAME	PEREZ, CELIA C	22	2 NAME	l				
STREET ADDRESS	8960 NW 8TH ST., APT. 404	2:	3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL	2.	4 CITY-S	T- ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE 3:	1 TITLE				☐ Chang	e
NAME		3.2	2 NAME					
STREET ADDRESS		3.3	3 STREET	ADORESS				
CITY-ST-ZIP		34	4. CITY-S	T-ZIP				
TITLE			1 TITLE				Chang	je Addition
NAME		4.	2 NAME					
STREET ADDRESS		4.	3 STREET	ADDRESS				
CITY-ST-ZIP			4 CITY-S					
TITLE			1 TITLE				☐ Chang	ge Addition
NAME			2 NAME	İ				
STREET ADDRESS				ADDRESS				
1			4 CITY-S	1				
CITY-ST-ZIP			1 TITLE				☐ Chang	e Addition
TITLE			2 NAME					
NAME				TADDRESS				
STREET ADDRESS			3 STREE 4 CITY-S	ľ				
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14. I hereby certify that the inform ation 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 suppliemental 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 corpolation by 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 changely, or or an attachment with an address, with all other like empowered.

SIGNATURE:

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR