Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P96000001268 DOCUMENT # 1. Corporation Name

NATIONAL EINDINGS INC

City & State

24

Principal Place of Business	Mailing Address	
601 BRICKELL KEY DRIVE	601 BRICKELL KEY DRIVE	
SUITE 805	SUITE 805	
MIAMI FL 33131	MIAMI FL 33131	
Principal Place of Business	2a. Mailing Address	
- 7	— ĭ	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
•	[]	

28

29

City & State

Zip

25 9. Name and Address of Current Registered Agent

Country

ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805

FILED	
May 04, 1999	8:00 am
Secretary of	State

05-04-1999 90080 044 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

01/04/1996

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number 65-0638163

SUIT	E 805		83							
MIAMI FL 33131										
	•		84	City	FL		Zip Code			
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	1	3.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE				
TITLE	PSD	DELETE 1.	TITLE			☐ Cha	nge Addition			
NAME	OJEDA, ROBERTO	1.3	NAME							
STREET ADDRESS	601 BRICKELL KEY DR, 805	1.3	STREET	ADDRES	s					
CITY-ST-ZIP	MIAMI FL	1/	CITY-S	Γ-ZIP						
TITLE	\$	DELETE 2.	TITLE			Cha	nge Addition			
NAME	ALLEN, ROBERT N JR	2.	NAME							
STREET ADDRESS	601 BRICKELL KEY DR, 802	2	STREET	ADDRES	s					
CITY-ST-ZIP	MIAM! FL		4 CITY-S	T-ZIP						
TITLE	• .	DELETE 3.	I TILLE			Cha	nge Addition			
NAME		3.	NAME							
STREET ADDRESS		3.	STREET	ADDRES	s .					
CITY-ST-ZIP	<u> </u>		. CITY-S	T-ZIP			573 • 4400 · ·			
TITLE		☐ DELETE 4.	TITLE			Cha	nge 🗌 Addition			
NAME		4.	2 NAME							
STREET ADDRESS		4.	STREET	ADDRES:	s					
CITY-ST-ZIP			CITY-S	T-ZIP						
TITLE	•		TITLE		•	Cha	nge Addition			
NAME	•		NAME			` •				
STREET ADDRESS		5.	STREET	ADDRES:	S					
CITY-ST-ZIP			CITY-S	T- ZIP						
TITLE		C OCCC1C	TITLE			Cha	nge			
NAME		E.	NAME							
STREET ADDRESS				r addres:	8	,				
CITY-ST-ZIP			CITY-S		ed in Section 119 07(3)(i) Florida Statutes I further certi	h, thet	the information			

Country

82

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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 is prue 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 face use of trustee enhowered 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 attraction with an address, with all other like empowered.

SIGNATURE: