

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

99.

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90004 021 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000038267**

1. Corporation Name

**NAYAHA CORP.**

Principal Place of Business

8114 S.W. 91 AVE.  
MIAMI FL 33173

Mailing Address

8114 S.W. 91 AVE.  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/29/1996**

4. FEI Number

**65-0685163**

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 owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**ROHAN, LAURENCE J**  
**6101 SW 78TH ST**  
**SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** 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

☐ DELETE

**P**  
**NAME** **MINGUEZ, NAVAL**  
**STREET ADDRESS** **8114 S.W. 91 AVE.**  
**CITY-ST-ZIP** **MIAMI FL 33173**

☐ DELETE

**VPD**  
**NAME** **MINGUEZ, OLGA**  
**STREET ADDRESS** **8114 S.W. 91 AVE.**  
**CITY-ST-ZIP** **MIAMI FL 33173**

☐ DELETE

**STD**  
**NAME** **YANIN, LEON**  
**STREET ADDRESS** **8114 S.W. 91 AVE.**  
**CITY-ST-ZIP** **MIAMI FL 33173**

☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1** TITLE  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

☐ Change ☐ Addition

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

☐ Change ☐ Addition

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

☐ Change ☐ Addition

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

☐ Change ☐ Addition

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

☐ Change ☐ Addition

**6.1** TITLE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P96 000038267  
6009659-90004-21  
NAYAHA CORPORATION  
8114 S.W. 91 Avenue  
Miami, FL 33173  
305-275-4456

August 19, 1999

DEPARTMENT OF STATE  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

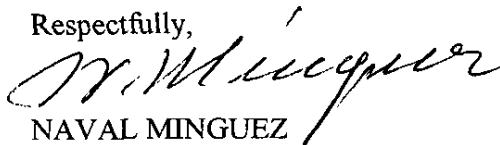
Ref. Number P96000038267

I check all my record and found that I never received the Corporate Report for the year of 1999. For that reason I overlook this matter and the report was not paid in due time.

Enclosed is my check for the amount of \$ 150.00 of this report, for which I appreciate that you delete the penalty of \$400.00.

Sorry for the inconvenience caused.

Respectfully,



NAVAL MINGUEZ  
President