

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039493 (7)

1. Corporation Name
NEVIS, INC.

Principal Place of Business
1540 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

Mailing Address
1540 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0672075

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BLVD.
SUITE 308
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

Robert M. Couf

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

1540 E Commercial Blvd

83

Ft Lauderdale Fl 33334

84 City

FL

85

Zip Code
33334

11. Pursuant to the provisions of Sections 607.0302 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, name, and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/98

12. OFFICERS AND DIRECTORS

TITLE PS
NAME COUF, ROBERT M.
STREET ADDRESS 1540 E COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

14. 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 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 in Block 14 if added.

SIGNATURE:

Robert M. Couf 1-25-98 954-772-4304

CR2E034 (10/97)