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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000048417 (5)

1. Corporation Name
NACOA OF FLORIDA, INC.



Principal Place of Business

5200 BLUE LAGOON DRIVE
STE 430
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE
STE 430
MIAMI FL 33126-7001

2. Principal Place of Business

21 9551 Fountainebleu Blvd.

Suite, Apt. #, etc.

22 Apt. 517

City & State

23 Miami, FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 (Same)

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

4. FEI Number

65-0677978

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

BELL, WILLIAM G
5200 BLUE LAGOON DRIVE
STE 430
MIAMI FL 33126

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

TITLE D
NAME BELL, WILLIAM G
STREET ADDRESS 5200 BLUE LAGOON DRIVE
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Salvador Da Silva
1.3 STREET ADDRESS 9551 Fountainebleu Blvd. #517
1.4 CITY-ST-ZIP Miami, FL 33172

2.1 TITLE Vice-President
2.2 NAME Patrick Puente
2.3 STREET ADDRESS 9551 Fountainebleu Blvd. #517
2.4 CITY-ST-ZIP Miami, FL 33172

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

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

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

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

14. I do 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricio Puente 5/5/97 305-221-6780

Date

Daytime Phone #

CR2E034 (9/96)