

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 30 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050614 (2)

1. Corporation Name
NAMAZZI ENTERPRISES, INC.

Principal Place of Business
20815 NORTHEAST 16 AVENUE, SUITE B45
MIAMI FL 33179

Mailing Address
20815 NORTHEAST 16 AVENUE, SUITE B45
MIAMI FL 33179-2138

3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

2. Principal Place of Business
21 20815 NE 16 AV

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B45

27

City & State
23 MIAMI FL.

City & State

Zip
24 33179

Country
25 U.S.A.

Zip

Country

29

30

4. FET Number
65-0674073

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

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 fee if applicable

(NOTE: Registered Agent's Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DUMONT, STEVE
20815 NORTHEAST 16 AVENUE, SUITE B45
MIAMI FL 33179

☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
VICE President
MERJAN GRYNBOUM RODRIGUEZ
392 NE 195 ST
MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DENIS, CLIFF
20815 NORTHEAST 16 AVENUE, SUITE B45
MIAMI FL 33179

☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
ISAAC RODRIGUEZ
392 NE 195 ST
MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RODRIGUEZ, ISAAC R
20815 NORTHEAST 16 AVENUE, SUITE B45
MIAMI FL 33179

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
BENJAMIN RODRIGUEZ
20275 NE 2 AV
MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
700002233087-5
-07/08/97-01076-018
***165.00 ***165.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 if changed on an attachment with an address.

SIGNATURE
4/20/97 (305) 167-0077

CR2E034 (9/96)