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**

DOCUMENT # P9600056720

1. Corporation Name

NESTAU	nante el Flatanal, inc											
Principal Place	e of Business	Ma	ailing Address		_			1		I BANKI BUMIL BANDI	Alter Beine konsu	HOLL BOTH HOUSE
10461 SW 40TH ST. 10461 SW 40TH ST.												
MIAMI FL 33165 MIAMI FL 33165												
										RITE IN THIS	SPACE	
								1	Incorporated or Qualife	ed		
									05/1996			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI				plied For
21		26						65-	<u>0716539</u>			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Cert	ifcate of Status Desired	$\overline{\mathbf{X}}$	\$8.75 A Fee Re	
22 27												
City & State City & State			City & State					1 '	tion Campaign Financin	^{lg} □	\$5.00 Added to	
23		28	7:_	Cou	nèn.				t Fund Contribution			o rees
Zip	Country		Zip	Cou	шу			1	corporation owes the c	urrent year int	angible Yes	□No
24	25	29	4	30	1				sonal Property Tax. ne and Address of Nev	v Penistered		
	9. Name and Address of Currer	it Kegis	reted Agent		81	Name		IV. Itali	ne and Address of Net	riogistered	rigoni	
MAR	QUEZ, JOSE											
11323 SW 147 COURT					82 Street Ad			ss (P.O. B	Box Number is Not Acce	ptable)		
MIAMI FL 33196					83							
1715	1 2 3 3 1 3 3				0.5							
					84	City				FL	85 Zip C	Code
44 Durauant	to the provisions of Sections 607.050	12 and 60	07 1508 Florida Statu	es the a	hove	-named	Corno	ration sub	mits this statement for t	he purpose of	changing its	registered
office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such change was a	uthorized	bv	the corp	oration	n's board o	of directors. I hereby ac	cept the appo	intment as re	gistered
SIGNATURE											.,,	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg						stered Agent signature required			ng) TIONS/CHANGES TO (DATE	ID DIRECTO	DC IN 12
12.	OFFICERS AN	ID DIKE	☐ DELETE	13.			τ	AUUI	TIONS/CHANGES TO	JEFICERS AI	Change	Addition
TITLE	P MARQUEZ JOSE		C Derese	1.1 TF								
NAME	MARQUEZ, JOSE			1.2 N								
STREET ADDRESS	11323 SW 147 COURT				1.3 STREET ADDRESS		ì					
CITY-ST-ZIP	MIAMI FL 33196				1.4 CITY-ST-ZIP			/P_an			P Change	Addition
TITLE		-							D MARIN		E1 cuanda	Addissort
NAME	ARAQUE, ROCIO			2.2 N					s.w. 40 s	treet		}
STREET ADDRESS	9574 SW 148 AVE., CIRCLE			•		ADDRESS	M	11AMI	FL 33165			Ì
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-				Change	☐ Addition		
TITLE				3.1 TITLE						Change		
NAME				3.2 N			}					
STREET ADDRESS				3.3 ST	REET	ADDRESS	1					
CITY-ST-ZIP				3.4. CITY-ST-ZIP		 				Change	Addition	
TITLE				1 TITLE							☐ Addition	
NAME				4. 2 N								
STREET ADDRESS				4.3 S	TREE!	ADDRESS	·					
CITY-ST-ZIP					TY-S	T-ZIP	 					ET Addres 1
TITLE			☐ DELETE	5.1 Π							☐ Change	Addition
NAME				5,2 N/								
STREET ADDRESS						ADDRESS	'					
CITY-ST-ZIP				5.4 CI		T-ZIP	ļ					
TITLE			☐ DELETE	6,1 TI			1				Change	☐ Addition
NAME .	l ^{r.'}			6.2 N	AME		1					

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 8 1999

305-227-8454

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90060 039 ***158.75