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FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084126 (7)

1. Corporation Name
N M B FINA CORP.

Principal Place of Business
98 NE 167 ST.
N. MIAMI BEACH FL 33160

Mailing Address
98 NE 167 ST.
N. MIAMI BEACH FL 33162-3401



3. Date Incorporated or Qualified 10/11/1996
3a. Date of Last Report

4. FFI Number 65-0700396
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GONZALEZ, MARIO
98 NE 167 ST.
N. MIAMI BEACH FL 33160

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GONZALEZ, MARIO
STREET ADDRESS 10000 NW 80 CT.
CITY- ST- ZIP HIALEAH FL 33018 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DST
NAME PALACIO, PABLO
STREET ADDRESS 7208 N. BEDLINGTON RD.
CITY- ST- ZIP MIAMI LAKES FL 33014 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DV
NAME PALACIO, CANDIDO F
STREET ADDRESS 3796 SW 148 CT.
CITY- ST- ZIP MIAMI FL 33185 ☒ DELETE

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

TITLE DV
NAME PALACIO, BETTY L
STREET ADDRESS 3796 SW 148 CT.
CITY- ST- ZIP MIAMI FL 33185 ☒ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME ISEL DELGADO
5.3 STREET ADDRESS 11832 SW 107 LANE
5.4 CITY- ST- ZIP MIAMI, FL 33186

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
6.2 NAME ODALYS FLORES
6.3 STREET ADDRESS 12200 SW 4 TERR
6.4 CITY- ST- ZIP MIAMI, FL 33184

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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)