PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084126**1. Corporation Name

N M B FINA CORP.

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FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90117 005 *****8.75 03-29-1999 90117 006 ***150.00



Principal Place	e of Business	Mailing Address			1					
98 NE 167 ST. N. MIAMI BEACH FL 33160		98 NE 167 ST.								
N. MIAMI BEAC	JH FL 33160	n. Miami Beach FL 331	60			DO NOT WRI	TE IN THIS	SPACE		
					3. Date Incor	porated or Qualifed				}
					10/11/19	996				- 1
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number				Applied F	or
—,	lade of Edulicos	26			65-0700			<u>}</u>	Not Applic	
Suite, Apt.	# etc	Suite, Apt. #, etc.				· ·		\$8.7	5 Addition	
_	n, 6to.	27			5. Certifcate	of Status Desired			Required	
City & State	ia .	City & State_			6 Election C	america Eleancina		\$5.0	M May B	
City & State		28				6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Col	untry		ration owes the curr	ent veer Inte		4	
24	25	29	30		1	Property Tax.	ent your mit	Yes	ĽNo	
24	9. Name and Address of Curre		1301	1		Address of New F	Registered /	Agent		
	3. Name and Address of Care	mt registeres Agent		81 Nam						
DELO	GADO, ISEL									
	32 SW 107 LANE			82 Stree	et Address (P.O. Box Nu	mber is Not Accepta	able)			
	MI FL 33186			83						
WILL	M 1 E 00 100			63	•					ļ
				84 City			FI	85 Z	ip Code	
				لبل				44.		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorize	above-name ed by the co	rporation's board of direc	ctors. I hereby accep	ot the appoir	itment as	registere	ď
		12110110 011 00011011 001100001	lorida Sta	tutés.						
SIGNATURE		·		itutes.						_
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	E: Registere	itutes. d Agent signatu	e required when reinstating)	SIGNANCES TO OF	DATE EICERS AN	D DIREC	TODS IN	-
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

305) 956-9844 Qaytime Phone # CR2F034 (14/98)