

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087617 (2)

1. Corporation Name
N.N.I. ENTERPRISES, INC.



Principal Place of Business 801 PONCE DE LEON BLVD. STE 701 CORAL GABLES FL 33134	Mailing Address 901 PONCE DE LEON BLVD. STE 701 CORAL GABLES FL 33134-3073
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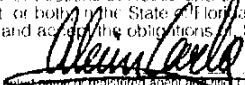
2. Principal Place of Business 21 8000 N.W. 31ST. Suite, Apt. #, etc. 22 #13 City & State 23 MIAMI, FLORIDA Zip 24 33122		2a. Mailing Address 26 8000 N.W. 31ST. Suite, Apt. #, etc. 27 #13 City & State 28 MIAMI, FLORIDA Zip 29 33122		3. Date Incorporated or Qualified 10/24/1996		3a. Date of Last Report	
25 U.S.A.		30 U.S.A.		4. FET Number		☒ 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
CARLES, ALAIN
901 PONCE DE LEON BLVD. STE 701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
CARLES, ALAIN
82 Street Address (P.O. Box Number is Not Acceptable)
8000 N.W. 31ST. STE. #13
83
84 City
MIAMI, FLORIDA FL
85 Zip Code
33122

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, to 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

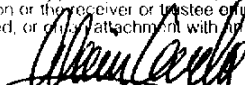


2/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CARLES, ALAIN	1.2 NAME	CARLES, ALAIN
STREET ADDRESS	9000 NW 31ST ST STE 13	1.3 STREET ADDRESS	8000 NW 31ST. STE. 13
CITY- ST- ZIP	MIAMI FL 33122	1.4 CITY- ST- ZIP	MIAMI, FL. 33122
TITLE		2.1 TITLE	M
NAME		2.2 NAME	HARANGES, MIGUEL
STREET ADDRESS		2.3 STREET ADDRESS	5425 W. 20 AVE.
CITY- ST- ZIP		2.4 CITY- ST- ZIP	MIAMI, FL. 33012
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 or 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

(305) 544-0006

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CR2E034 (9/96)