SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 NTS CORPORATION	0094312 (1)			 			
Principal Plac	e of Business	Mailing Address				18 HAD COTAB BININ ABUN BUNIN 186	(1) 00 410 (0141 01600 1](01 1FB[4 1] 6 F 1 0 F
9335 SW 116TH STREET MIAMI FL 33156		9335 SW 116TH STREET MIAMI FL 33156	•					
ļ						· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE	
					11/18/		3a, Date of L	.ast Report
<u> </u>	Place of Business	2a. Mailing Address			4, FEI Numb		Ļ	Applied For
21	11 -42	26			65-0	0741869		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificat	te of Status Desired		.75 Additional see Regulred
City & Stat	te	City & State			6 Election (Campaign Financing		5.00 May Be
23		28			II	nd Contribution		dded to Fees
Zip	Country	Zip	Countr	у		poration owes or has pa	id the current ye	ar Intangible
24	25	29 30			Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curre	ent Registered Agent				nd Address of New Re	gistered Agent	
	EMENTS, CHARLES L III		81	Name				
	35 SW 116TH STREET		82	Street	Address (P.O. Box N	lumber is Not Acceptab) (9)	
MIA	VMI FL 33156		83					
			63	'				
			84	City			FL 85	Zip Code
44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes the abov		corporation submits	this statement for the r		ning its registered
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the obli- signature, typed or printed name of registered as				rporation's board of de	irectors. I hereby accep	pt the appointme	nt as registered
12.	OFFICERS AI	OFFICERS AND DIRECTORS				IS/CHANGES TO OFFIC		
TITLE		DELETE			President	01	Ch	nange Acidition
NAME			1.2 NAME		4	Clements, I		
STREET ADDRESS				T ADDRESS	1	116th Stree	t	
CITY-ST-ZIP		T or the	1,4 CITY-	ST-ZIP	Miami, FL	33156		T 1 43390
TITLE		☐ DELETE	2.1 TITLE				LJ Ch	nange Addition
NAME			2.2 NAME					
STREET ADDRESS			B	T ADDRESS				
CITY-ST-ZIP	DELETE		2.4 CITY - 3.1 TITLE	SI-ZIP	 		Ch	ange Addition
NAME			3.2 NAME				⊢	unge
STREET ADDRESS	ļ			T ADDRESS				
City-st-Z#P			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE	01 211	 		☐ Ch	ange Addition
NAME			4. 2 NAME	<u>:</u>				•
STREET ADDRESS			4.3 STREE	T ADDRESS	1			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	51 TITLE				☐ Ch	ange Addition
NAME	(5.2 NAME		ļ			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 C(TY-	ST-ZIP	ļ			
TITLE		DELETE	6.1 TITLE		1	+ *	L Cn	ange
NAME			6.2 NAME			4		
STREET ADDRESS			6.3 STREE	T ADDRESS				

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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if pringed from a state of the corporation of the corporati

FILED

Sep 15 1997 8:00am

Secretary of State