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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATI RE AND TYPED OR FRAN



FLORIDA DEPARTMENT OF STATE

Sandra II. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096849 / Corporation Name

NEC CORPORATION

1445 ATLANTIC SHORES # 305

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90132 044 ***150.00

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| Principal Flace of Busin | | Walling Modress | | | |
| | | | | DO NOT WRITE IN TH | HS SPACE |
| | | | | 3. Date Incorporated or Qualified | ···· |
| 2. Princip al Place of Bu | siness | 2a. Mailing Address | | 4. FEI Nun ber | Applied For |
| 1 SA | NE | 26 Suite, Apt. #, etc. | Y.E | 65-0712269 | Not Applicabl |
| Suite, ≠pt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Add tional |
| 2 | | 27 | n ne p | | Fee Requi ed |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 4 Zip | 25 | 29 | 30 | This corporation owes or has paid the Persona Property Tax due June 30. | cu rent year hlang ble |
| | ne and Address of Curr | | 130 | 10. Name and Address of New Registers | |
| | | | 81 Name | | |
| ひみんし | EL DAI | GLE #3 | 305 | (DO D- N | |
| 1 White | ANT | TO SHORES | 82 Street Add | ress (P.O. Box Mumber is Not Acceptable) | |
| WAT 60 | 111 6-07.00 | | 83 | · | |
| MALL | LANDAL | E, F1, 33 | 009 | | |
| | | | 84 City | F | EL 85 Zip Code |
| 11. Pursuant to the prov | isions of Scctions 607.05 | 502 and 607 1508, Florida Sta | atutes, the above-named cor | poration submits this statement for the purpose tion's board of cirectors. I hereby accept the a | e o changii, its re jisterec |
| office or registered of agent. Lam familiar | igent, or both, in the Sta with, and accept the obli | te c! Florida/Such change wa igat ons of Section 607.0505. | as authorized by the corpora Florida Statutes. | tion's board of cirectors. I hereby accept the a | pp sintment as registered |
| SIGNATUFE | | | , | 08/23 | 3 J (PG) |
| SIGNATUFE | | | | U -1/ | • L i |
| S ignator typ | ed or printed name of maistered a | igen and title if applicable (| NOT E Registered Agent signature requ | red when reinstating) DATE | / |
| | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS IN 12 |
| | OFFICERS A | ND DIRECTORS | 13. | | AND DIRECTORS IN 12 Change Addition |
| TITLE PR | OFFICERS A ES NIEL DA | ND DIRECTORS DELETE 164 430 | 13. 11 TITLE 12 NAME | | |
| TITLE PR NAME PA STREET ADDRESS 144 | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIFFECTORS DELETE IGLE # 30. ITIC SHORE | 13. 11 TITLE 12 NAME | | |
| TITLE PR NAME PA STREET ADDRESS 144 | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIFFECTORS DELETE IGLE # 30. ITIC SHORE | 13. 1 1 Title 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME PA STREET ADDRESS (14'4) CITY-ST-ZIP ITTLE | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIFFECTORS DELETE IGLE # 30. ITIC SHORE | 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS | | |
| TITLE NAME PA STREET ADDRESS (14'9) CITY-ST-ZIP HITLE | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIRECTORS DELETE 164 430 | 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 22 NAME | | ☐ Change ☐ Addition |
| TITLE NAME PA STREET ADDRESS (144 CITY-SI-ZIP TITLE NAME | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIFFECTORS DELETE IGLE # 30. ITIC SHORE | 13. 1 1 Title 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TITLE | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP | OFFICERS A ES, NIEL DA 5 HTLAN | NO DIRECTORS DELETE 1GLE #30- 171C SIHORE ALE, FL. 009 DELETE | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE TITLE | OFFICERS A ES, NIEL DA 5 HTLAN | ND DIFFECTORS DELETE IGLE # 30. ITIC SHORE | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE | | ☐ Change ☐ Addition |
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P OR DIRECTOR