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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

Daylime Phone # 0003412

Secretary of State
DIVISION OF CORF

DOCUMENT # P96000097941 (4)

NIKKI'S INK, INC.

Principa: Place of Business

SIGNATURE:

420 LINCOLN ROAD, SUITE 311 420 LINCOLN ROAD, SUITE 311 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3014 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 26 Not Applicable 21 Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No **3**0 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WOLFE, RICHARD C 20803 BISCAYNE BLVD., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 83 Zip Code 84 City 11. Pursuant to the provision office or registered ago agent. Lam familiar wy 70502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of Section 607.0505, Florida Statutes. SIGNATURE or and tile if applicable (NOTE Registered Agent signature required when reinstating) FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change Addition THE 1.1 TITLE ROSS, CINDY 1.2 NAME NAME 420 LINCOLN ROAD, SUITE 311 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY - ST- ZIP CHIT-ST-ZIP DELETE Change Addition 2.1 TITLE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP C!TY - \$1 - 7(P) DELETE Addition 3.1 TITLE Change TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET LADORESS 3.4. CITY - ST - ZIP CHY- \$1, 20 DELETE ☐ Change Addition TONE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 City - St - ZIP CITY+ST ZIF Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TILLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS \$18EET ADDRESS

64 CRY-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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change. Or on an attachment with an address.