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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102523

NDM & ASSOCIATES, INC.								
		·						
Principal Place	e of Business	Mailing Address				AL OBAID HADI DINE		
15915 N.W. 57 AVE. 11651 S.W. 9 COURT PEMBROKE PINES FL 3302: US US			i		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed 12/20/1996	• • •		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
21 26					65-0722907		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired			\$8.75 A Fee Re		
City & State City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee					
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible		Intangible	□No	
24 25 29 3 9. Name and Address of Current Registered Agent			1		10. Name and Address of New Registered Agent			
ARMENTEROS, IBRAHIM JR. 11651 SW 9TH COURT PEMBROKE PINES FL 33025			81	Name		·		
			. 82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
			83			TERRITOR OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON	100	
			84	City		85 Zip C	Code	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	orized by Statutes	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered	
	Signature, typed or printed name of registered agen OFFICERS AN		istered Ager	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IPS IN 12	
12.	VP	DELETE	1.1 TITLE			Change	Addition	
NAME	ARMENTEROS, JOSEFINA J		1.2 NAME			_ ,	_	
STREET ADDRESS	11651 S.W. 9 COURT		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME	ARMENTEROS, IBRAHIM J		2.2 NAME		•			
STREET ADDRESS	11651 S.W. 9 COURT		2.3 STREE	TADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	*		3.2 NAME					
STREET ADDRESS				TADDRESS		11111		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST-ZIP		Change	T Addition	
TITLE		_ vecere	4. 2 NAME				. v —	
NAME STREET ADDRESS				T ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-S					
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		- 	☐ Change	☐ Addition	
NAME			5.2 NAME		A STATE OF THE STA			
STREET ADDRESS			5.3 STREE	TADORESS				
CITT-31-ZF			5.4 CITY-S	T-ZIP		:		
TITLE		□ DELETE	6.1 TITLE			☐ Change	Addition	

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 information indicated on this annual report or supplemental annual report information 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90065 050 ***150.00