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

**PROFIT** CORPORATION ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003846 (7)

NUPRO AMERICAN INVESTMENTS CORP.

Principat	Place of Business	Mailing Address						
	MBERS WEST BOULEVARD DGE FL 32955	1150 TIMBERS WEST BOULEVARD ROCKLEDGE FL 32955		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 01/14/1997				
2. Principal Place of Business		2s. Mailing Address		4. FEI Number	Applied For			
21		26		59-3449540	Not Applica			
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City 8	State	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z)p	Country 30	8. This corporation owes or has paid the current Personal Property Tax due June 30.				
	g, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent				
AMERILAWYER-CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable) 1850 TIMBERS WEST BLUD				
1			N ~	AVIGNOS TV 2295C				

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 of registered agent, or boin, in the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (505, Florida Statyles.											
SIGNATURE	BALL FEINER		$A'$ $\mu$ $\mu$	$\sim$	4-7-	38					
S. C. T. C. T. C.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature i		DA	IE.					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	GES TO OFFICERS						
TITLÉ	_	ELETE	1.1 TITLE			L Change	☐ Addition				
NAME	VEITH, MAX		1.2 NAME				i				
STREET ADDRESS	1150 TIMBERS WEST BOULEVARD		1.3 STREET ADDRESS				1				
CITY-ST-7IP	ROCKLEDGE FL 32955		1.4 CiTY-ST-ZiP		<u></u>						
TITLE	<b>VD</b>	ELETE	21 TITLE			Change	Addition				
NAME	veith, madeline		2 2 NAME								
STREET ADDRESS	1150 TIMBERS WEST BOULEVARD		2.3 STREET ADDRESS								
CITY - ST - ZIP	ROCKLEDGE FL 32955		2. 4 CITY-ST-ZIP								
TITLE	<b>VD</b>	ELETE	3.1 TITLE			☐ Change	Addition				
NAME	FEINER, BALZ		3.2 NAME				i				
STREET ADDRESS	1150 TIMBERS WEST BOULEVARD		3.3 STREET ADDRESS								
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4. CITY-ST-ZIP								
ŤITLE		ELETE	4.1 TITLE			☐ Change	Addition				
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE	□ D	ELETE	5.1 TITLE			Change	Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE	D	ELETE	6.1 TITLE			Change	Addition				
NAME			62 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
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14. Thereby 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 charged, or on an attachment with an address.

VD

SIGNATURE:

**FILED** 

Apr 16 1998 8:00am

Secretary of State

3-27-38 (407) 631-5043