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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000021579 (2) DOCUMENT #

BROTHERS NODAL CORP.

**FILED** Jun 30 1998 8:00 am Secretary of State



4-28-98 305-825-0073

Principal Place of Business Mailing Address 4080 WEST 18TH STREET HIALEAH FL 33012 4090 WEST 16TH STREET HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the ourrept year Intangible Personal Property Tax due June 30. Yes \(\Boxed{\text{No}}\) No Zip Zio Personal Property Tax due June 30. 25 30 24 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NODAL, JORGE H 4090 WEST 16TH STREET HIALBAH FL 33012 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NODAL, JORGE H 1.2 NAME NAME 4090 WEST 16TH STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **NODAL. JUAN CARLOS** NAME 22 NAME 4090 WEST 16TH STREET STREET ADDRESS 2.3 STREET ADDRESS MALEAH FL 33012 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TIBLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE 8000025773**8**3 NAME 5.2 NAME ~07/01/98~-01046-~088 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREFT ADDRESS

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 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 changed, or on an altachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP