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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700028604 (1)

FILED Apr 13 1998 8:00am Secretary of State

N.M. INTERNATIONAL, INC. Principal Place of Business Mailing Address 721 S.E. 17TH STREET 721 S.E. 17TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/31/1997 2a. Mailing Address 2. Principal Place of Business FE! Number Applied For 100 E brown GEACH SLYDSE MOND BEACH SLYD 0 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 200 209 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing <u>12120</u> Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 30 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VIVIES, PATRICK **B1** Name **721 S.E. 17TH STREET** Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33316 83 84 City 85 7ip Code 33 53 4 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, typical or punited name: Of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 11 THUE Change WALLMANN, LIONEL NAME 1.2 NAME **1839 MILLLE RIVER DRIVE** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-2IP 1.4 CITY-\$1-7IP DELETE Change Addition TITLE 2.1 THLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7iP Change TITLE DELETE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, DITY-ST-ZIP DELETE Change Addition TITLE 4.1 DILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TATLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 suppliemental 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 attachment with an address.

CICNATURE: C

Lionel Wallman