SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000028698 (3)

THE UNTOUCHABLE NASTY BOYZ CORPORATION

FILED Oct 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Malling Address		1 10 THE STATE OF	
=		1151 N.W. 116TH STREET			
MIAMI FL 3316	88	MIAMI FL 33168		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	٦
				03/31/1997	ĺ
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	7
21		26 680638		650739173 Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	7
22		27		Fee Required	
City & Sta	le	City & State		6. Election Campaign Financing \$5.00 May Be	
23 Zin	1 Country	28 Miami, F-		Trust Fund Contribution	4
Zip	Country		ountry U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	9. Name and Address of Current		N.3 . 17.	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	-
AME	RILAWYER CHARTERED	Itogletoled Agent	81 Name		-
	ALMERIA AVENUE				_
	VAL GABLES FL 33134		82 Street	eet Address (P.O. Box Number is Not Acceptable)	ļ
•	The state of the s		83		┪
			84 City	85 Zip Code	4
				FL [s]	
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					
12.	Signature, typed or printed name of registered agent OFFICERS AND			nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	وَ إ
TITLE	PD OFFICERS AND	F-5	TITLE		u
NAME	GRIFFITH, FREDERICK R		NAME	Malcolm Mouse L Change X Addition	2
STREET ADDRESS	1151 N.W. 116TH STREET		STREET ADDRESS	I	}
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP	Migmi, FL 33168	0200
TITLE	VD		TITLE	Change Addition	վ Շ
NAME	ALVEREZ, ARTURO		NAME	ALVAREZ, ALTUro	
STREET ADDRESS	1151 N.W. 116TH STREET	23:	STREET ADDRESS	,	
CITY-ST-ZIP	MIAMI FL 33168	2.4	CITY-ST-ZIP		
TITLE	S		TITLE	17 D Change X Addition	1
NAME	BYAS, CARLA	- · · ·	NAME	Renson Stewart	
\$TREET ADDRESS	1151 N.W. 116TH STREET	3.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168	34	CITY-ST-ZIP	Miami, FL 33168	
TITLE	DUPODO AMEZOS	DELETE 4.1	TITLE	Change Addition	
NAME	BUFORD, NAKPANGI	4.2	NAME	100002562371	
STREET ADDRESS	1151 N.W. 116TH STREET	4.33	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP	***550.00	1
TITLE			TITLE	L_ Change L Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	SS	
CITY-ST-ZIP			CITY-ST-ZIP		-
TITLE		C. Driett	TITLE	Change Apddilfon	
NAME STREET ADDRESS			NAME) V\a	
STREET ADDRESS			STREET ADDRESS	°	1
CITY-ST-ZIP	att at at at a state of	6.41	CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1

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 employeed 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.