

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000029902 (8)

1. Corporation Name

NASI & COSTA U.S.A., INC.

Principal Place of Business

Mailing Address

6770 INDIAN CREEK DR.

MIAMI BEACH FL 33141

6770 INDIAN CREEK DR.

MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

65-0740054

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 407 LINCOLN RD SUITE 121

26 407 LINCOLN RD STE 12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 121

27 SUITE 12 - I

City & State

City & State

23 MIAMI BEACH FLA.

28 MIAMI BEACH FLA.

Zip

Country

Zip

Country

24 33139

25 USA

29 33139

30 USA

9. Name and Address of Current Registered Agent

NASI, ANTONIO

6770 INDIAN CREEK DR.

MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

NASI, ANTONIO

82 Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN RD SUITE 121

83

84 City

MIAMI BEACH

FL

85 Zip Code  
33139

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 filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PO

NAME

NASI, ANTONIO

STREET ADDRESS

6770 INDIAN CREEK DR.

CITY-ST-ZIP

MIAMI BEACH FL 33141

TITLE

VD

NAME

NASI, SUELI C

STREET ADDRESS

6770 INDIAN CREEK DR.

CITY-ST-ZIP

MIAMI BEACH FL 33141

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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.

SIGNATURE

(305) 535-7375

CR2E034 (10/97)