

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

FILED  
May 24, 2001 8:00 am  
Secretary of State

05-24-2001 90502 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999 2001

DOCUMENT # P97000043197

1. Corporation Name  
NAP 69 CORP.



Principal Place of Business  
9725 N.W. 52ND STREET  
APARTMENT 310  
MIAMI FL 33178

Mailing Address  
9725 N.W. 52ND STREET  
APARTMENT 310  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/12/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0759593

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURAN, ALFREDO G  
2665 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Contains one entry for Robert Iannotta.

Table with 6 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. Contains one entry for Robert Iannotta as Shareholder/Director.

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, with all other like empowered.

SIGNATURE: Robert Iannotta RI

4-30-2001  
3-8-99 (773) 625 0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Daytime Phone #

Attachment  
D# PA91000043127  
A0071783

30, 2001  
~~April 26, 2000~~

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE FLORIDA 32314

DEAR SIRs:

I did not receive the 2000<sup>AR</sup> form to file my annual report. Upon inquiry with your department, it was too late to receive blank forms to file prior to MAY 1, 2000. I AM filing a copy of my 1999 annual report with appropriate date changes to fulfill my ~~2000~~<sub>2001</sub> Annual Report Filing.

Please accept report filed to fulfill the 2000 filing requirement. Thank-you for your COOPERATION on this MATTER

Sincerely  
Robert J. Annotta  
Officer/Director