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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000068618**

1. Corporation Name NACAR INC

FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Place	of Business	Mailing Address				•		
515 N.E. 20TH STREET		515 N.E. 20TH STREET BOCA RATON FL 33431						
BOCA RATON FL	_ 33431	BOOM HATON LE 20421				IN THIS SPACE		
•					3. Date Incorporated or Qualifed	•		
					08/07/1997			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0779013	\$8.75 Ad	Applicable		
				5. Certificate of Status Desired	ditional Jired			
22		27						
City & State		City & State			6. Election Campaign Financing	□ \$5.00 M Added to		
23	<u>• </u>				Trust Fund Contribution		7	
Zip	Country	Zip	Coun	try	This corporation owes the currer Personal Property Tax.	ntyearintanglole ✓ Yes [⊒No	
24	25	29	30		10. Name and Address of New Re			
	9. Name and Address of Currer	nt Registered Agent		81 Name	10, Name and Address of Months		7	
4011	ALA BIADINIT	A STALL AND A TOTAL AND A STALL AND A	1			· · · · · · · · · · · · · · · · · · ·		
	NA, NADINE		[82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	N.E. 20TH STREET		-	83	· · · · · · · · · · · · · · · · · · ·	1100 100 100 100 100	1. 1. 1. 1.	
BOC	A RATON FL 33431	,	ļ	63		1860、提出了第二次提出	38 41 65	
			ŀ	84 City		EI 85 Zip Ci	ode)	
4 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4		<u> </u>			and authority this statement for the F	numosé of changing its r	egistered	
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Stati of Florida Such change was	utes, the ab authorized	ove-named corporati	poration submits this statement for the poor ion's board of directors. I hereby accept	the appointment as reg	istered	
agent, la	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	tes.				
-w								
CICNATURE					at the animateting) (SSS)	DATE	i	≈
SIGNATURE	Signature, typed or printed name of registered age	511, Carto Late		Agent signature requir	ed when reinstating) S	DATE	RS IN 12	(86)
SIGNATURE	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		RS IN 12	(11/98)
	OFFICERS A	511, Carto Late	13. 1.1 TIT	LE.	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12	34 (11/98)
12.	P ACUNA, CARLOS	ND DIRECTORS	13. 1.1 T(T 12 NA	LE.	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12	E034 (11/98)
12.	P ACUNA, CARLOS 55 NE 20TH ST	ND DIRECTORS	13. 1.1 TIT 12 NA 1.3 STI	LE ME REET ADDRESS	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12	R2E034 (11/98)
12. TITLE NAME	P ACUNA, CARLOS 55 NE 20TH ST BOCA RATON FL 33431	ND DIRECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CII	LE ME REET ADDRESS Y-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12 Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	P ACUNA, CARLOS 55 NE 20TH ST BOCA RATON FL 33431 VP	ND DIRECTORS	13. 1.1 TIT 12 NA 1.3 STI 1.4 CII 2.1 TIT	LE ME REET ADDRESS Y-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACUNA, CARLOS 55 NE 20TH ST BOCA RATON FL 33431 VP ACUNA, NADINE	ND DIRECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE ME	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ACUNA, CARLOS 55 NE 20TH ST BOCA RATON FL 33431 VP ACUNA, NADINE 515 NE 20TH ST	ND DIRECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACUNA, CARLOS 55 NE 20TH ST BOCA RATON FL 33431 VP ACUNA, NADINE 515 NE 20TH ST BOCA RATON FL 33431	ND DIRECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 14 CII 2.1 TIT 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADORESS TY-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	Addition	CR2E034 (11/98)
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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 trystee 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 attactment with an address.

SIGNATURE: