


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90091 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000073763**

1. Corporation Name  
**NAH INC.**



Principal Place of Business  
 1925 NORTH 39TH AVENUE  
 HOLLYWOOD FL 33021

Mailing Address  
 1925 NORTH 39TH AVENUE  
 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/26/1997**

4. FEI Number

**65-0776461**

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 the current year intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 **17881 BOCAVINE BLVD**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 **Aventura FL**

City &amp; State

28

Zip

24 **33160**

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CORPORATE CREATION ENTERPRISES, INC.**  
**4521 PGA BLVD. #211**  
**PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Address

83 City

84 State

**FL**

85

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

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**D**  
**HERTZBERG, JEFFREY S**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.2 NAME ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.3 STREET ADDRESS ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.4 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.5 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.6 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.7 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.8 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

1.9 CITY-ST-ZIP ☐ DELETE

**D**  
**HERTZBERG, RACHELLE L**  
**1925 NORTH 39TH AVENUE**  
**HOLLYWOOD FL 33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE: *Rachelle L. Hertzberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

805-330496

Daytime Phone

CR2E034 (1/198)