Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90030 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080944

NORTHE	RN SERVICES & INVESTME	NT, CORP.						
Principal Place	e of Business	Mailing Address			t immilder sten søter somer movik somer gange	TINI INII KAIIN INII	61611 6585 106 5	
3191 CORAL W	/AY	3191 CORAL WAY						
SUITE 200 SUITE 200					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33145 MIAMI FL 33145					3. Date Incorporated or Qualifed			
					09/18/1997		<u> </u>	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	oplied For	
21		26			65-0781704		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional equired		
22		City & State						
City & State	e ;	City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be			
Zip	28 Country Zip Country			,	8. This corporation owes the current year	/	101 003	
<u> </u>	25	29 30			Personal Property Tax.	D res	□No	
24	9. Name and Address of Current				10. Name and Address of New Register	ed Agent		
	- 10000		81	Name				
PEN'	ton, sergio r pa		-	01 -3 4 4	(D.O. Day N. phasia Not Accontable)			
3191	I CORAL WAY		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE 200			83					
MIAN	MIAMI FL 33145							
			84	City	Į.	=L 85 Zip	Code	
office or reagent. I as	to the provisions of Sections 607, 2002 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the section of				poration submits this statement for the purposition's board of directors. I hereby accept the approximately the purposition's board of directors. I hereby accept the approximately provided the purposition of the purposi		·	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD -	DELETE	1.1 TITLE			Change	☐ Addition	
NAME ¹	MISCHEL, RAUL		1.2 NAME				4	
STREET ADDRESS			1.3 STREE	T ADDRESS			Í	
CITY+ST-ZIP	MIAMI FL 33149 1.40		1.4 C/TY+S	T-ZIP	444			
TITLÉ .	SD DELETE 2.1 TI		2.1 TITLE			Change	☐ Addition	
NAME	YANEZ, MARINA	1	2.2 NAMÉ					
STREET ADDRESS	1111 CRANDON BLVD. #E104		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33149		2. 4 CITY-5	ST-ZIP				
TITLE	•	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME				}	
STREET ADDRESS		-	3.3 STREE	TADDRESS			ì	
CITY-ST-ZIP			3.4. C(TY-5	ST-ZIP				
TITLE	Fig. 14 (with the control of the con	·· C.DELETE.	4.1.TITLE	~ \	and the second second second second	Change	☐ Addition {	
NAME			4. 2 NAME		· · · · · · · · · · · · · · · · · · ·	•	[
STREET ADDRESS]		4.3 STREE	TADORESS		•		
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE	<u> </u>		5.1 TITLE			Change .	☐ Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADDRESS				

CITY-ST-ZIP 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 suppliemental 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.

5.4 CITY+ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAMÉ

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AT MANUMISCHEL SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

305-4481362

☐ Addition

☐ Change