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 # **P97000089245**

NADIF GROUP, INC. Mailing Address Principal Place of Business C/O PEDRO A. MARTIN, ESQUIRE C/O PEDRO A. MARTIN, ESQUIRE 1221 BRICKELL AVENUE 24TH FLOOR 1221 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131 MIAMI FL 33131 2a. Mailing Address 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 23 28 Country Country Zip Zip 30 24 29

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90151 036 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/1997 4. FEI Number Applied For Not Applicable 52-2085771 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ Street Address (P.O. Box Number is Not Acceptable) 82 C/O GREENBERG, TRAURIG, HOFFMAN, ET. AL. 1221 BRICKELL AVENUE - 24TH FLOOR 83 **MIAMI FL 33133** Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ Addition DFLETE 1.1 TITLE TITLE FISHER, STUART C 1.2 NAME NAME 1221 BRICKELL AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE [7] Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

2. 4 CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition [] DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE ☐ Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made inder oath; hat 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 are same appears in Block 12 or Block 13 if changed, so on an attachment with an address, with all other like empowered.

SIGNATURE