

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


FILED

Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90010 043 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100770					
1. Corporation Name N.A.B. INDUSTRIES, INC.					
Principal Place of Business 7850 N.W. 146TH ST., STE. 417 MIAMI LAKES FL 33016			Mailing Address 7850 N.W. 146TH ST., STE. 417 MIAMI LAKES FL 33016		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0799455	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30	Country		
9. Name and Address of Current Registered Agent ACOSTA, MARIA A 945 CRESTVIEW CIRCLE WESTON FL 33327				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
PD MARIA A ACOSTA-BAZ 945 CRESTVIEW CR WESTON FL 33327			1.2 NAME _____		
			1.3 STREET ADDRESS _____		
			1.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			2.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
VPD JOSE R BAZ 945 CRESTVIEW CR WESTON FL 33327			2.2 NAME _____		
			2.3 STREET ADDRESS _____		
			2.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			3.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			3.2 NAME _____		
			3.3 STREET ADDRESS _____		
			3.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			4.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			4.2 NAME _____		
			4.3 STREET ADDRESS _____		
			4.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			5.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			5.2 NAME _____		
			5.3 STREET ADDRESS _____		
			5.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			6.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			6.2 NAME _____		
			6.3 STREET ADDRESS _____		
			6.4 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/99 934-349-0994
Date Daytime Phone #

CR2E034 (11/98)