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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPART JENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000104913 (3)

FILED
May 01 1998 8:00am
Secretary of State

NOMI	S CAPITAL, INC.							
Principal Pla	ice of Business	Mailing Address			100/1001	IND HAA DIALAH		
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5801 Bisnayue Blud. 5801 Bisnayue Blud. Miami Fl. 33137 Hiami Fl. 33137						TE IN THIS SPA	CE	
Miami	1 Fl. 33137	Hami Fe	22121		<ol> <li>Date Incorporated or Qualified 12/12/1997</li> </ol>			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		TUAD	plied For
21		26						t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		8.75 A	dditional
22		27			6. Certificate of Status Desired	<u></u>	Fee Re	quired
City & Sta	ate _	City & State			6. Election Campaign Financing		\$5.00	
23	-	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	-	8. This corporation owes or has p			angible ] No
24	25 25 26 26 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	29 29 Agent	30	1	Personal Property Tax due Jur  10. Name and Address of New F			1 140
CI	ILINGS, INC.		81 1	lame 🚓 👢		<del>- 7</del> 7		25500
	732 N.W. 18TH STREET			Name BAR	Ry Wasserstrom	- ANNE	-D + /	75500.
	T. LAUDERDALE FL 33311-4132		82 S	Street Addres おなかし	S (P.O. Box Number is Not Accept BISCAYNE BIVA	abje).		
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			84 C	MIAN	Ji	FL  8	5 Zing(	orde 13-7-
11. Pursuan	t to the provisions of Sections 607.050	2 and 607,1508. Florida Statute	es, the above-na	amed corpor	ation submits this statement for the	purpose of ch	anging its	s registered
office or	registered agent, or both, in the State	of Florida, Such change was a	authorized by the	e corporation	n's board of directors. I hereby acc	ept the appoint	ment as I	registered
OLONIA TUDE	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliging the configuration of the configur	ers to 2	A DE SIBILITOS		4-	27-98	γ	
SIGNATURE	Signature, typed or profind name of registered age	ent and little if applicable (NOT)	. Registered Agent si	ignalura required	when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF			
TITLE	D/A	DELETE	1.1 TITLE			Ш	Change	Addition Addition
NAME	PALINSKY, ILYA		1.2 NAME					
STREET ADDRESS			1.3 STREET ADD	DRESS				
CITY-ST-ZIP	MIAMI FL 33142	T DELETE	1.4 CITY-ST-Z	IP			-	TA delle-
TITLE	BARRY Wasser strong	DELETE	2 1 TITLE			L	Change	Addition
NAME	INVESTIGATION OF THE PROPERTY	•	2.2 NAME					
STREET ADDRESS	BOUT BIS AVNE BLYD.		2.3 STREET ADD					
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ALDE DE		DELETE	3.4. CITY-ST-Z 4.1 TITLE				Change	Addition
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14. Thereby 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.

SIGNATURE

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2/6/98