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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024328

1. Corporation Name
NAMI, INC.

Principal Place of Business	*Mailing Address*
P.O. BOX 191867 MIAMI BEACH FL 33119	P.O. BOX 191867 MIAMI BEACH FL 33119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1998

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0826145 ☐ 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

9. Name and Address of Current Registered Agent

PELLERIN, MICHAEL
5255 COLLINS AVE.
#L-1
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: REGLA LOPEZ
82 Street Address (P.O. Box Number is Not Acceptable): 260 COLLINS AVE. #2
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: Regla Lopez 5/1/99
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. DIRECTOR'S/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	REGLA LOPEZ	☒ Change ☐ Addition
NAME	PELLERINA, MICHAEL		1.2 NAME		
STREET ADDRESS	5255 COLLINS AVE. #L-1		1.3 STREET ADDRESS	260 COLLINS AVE, #2	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIZABE, NADIESHGA		2.2 NAME		
STREET ADDRESS	P.O. BOX 19-1867		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33119		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Regla Lopez Pres. 4/20/99 305-532-3224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #