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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000058748

1. Corporation Name

NILOR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3931 N.W. 12 TERRACE
MIAMI FL 33126

3931 N.W. 12 TERRACE
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NIEVES, ELIZABETH
3931 N.W. 12 TERRACE
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12 OFFICERS AND DIRECTORS

TITLE PTD [] DELETE

NAME NIEVES, ELIZABETH
STREET ADDRESS 13381 S.W. 46 TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE VSD [] DELETE

NAME LORENZO, ROLANDO J
STREET ADDRESS 13381 S.W. 46 TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

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TITLE [] DELETE

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TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

[] Change [] Add

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: Elizabeth Nieves - President - 04-01-99 305-836-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone