

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90021 003 \*\*\*150.00

DOCUMENT # P98000059913

1. Corporation Name  
NOWSEE, INC.

Principal Place of Business

10863 S.W. 88TH ST  
SUITE 444  
MIAMI FL 33176

Mailing Address

10863 S.W. 88TH ST  
SUITE 444  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

65-0849118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 10431 S.W. 88TH ST

Suite, Apt. #, etc.

22 APT. D.104

City & State

23 MIAMI, FL

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 10431 S.W. 88TH ST

Suite, Apt. #, etc.

27 APT. D.104

City & State

28 MIAMI, FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

GARCIA, LUIS F  
10863 S.W. 88TH ST  
SUITE 444  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

HAAS CARLOS

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

10431 S.W. 88th ST

83

APT. D.104

84

MIAMI

FL

85 Zip Code

33176

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.

CARLOS HAAS PSTO

(NOTE: Registered Agent signature required when reinstating)

04-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME GARCIA, LUIS F  
STREET ADDRESS 10863 S.W. 88TH ST  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 CARLOS HAAS

04-29-99

305-2738267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)