May 06, 1999 8:00 am Secretary of State

1 (46)(46) ((6 (6)8) (6()) 68() 48() 88() 88() 88() 88() 81() 81(6) (68() 48() 88() 788(

05-06-1999 90100 050 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000066180

1. Corporation Name

NELFER INVESTMENT CORPORATION

Principal Place of Business Mailing Address						\$ 1863/1881 (46. 1918) (48)), ABILL ABILL BRITT
7351 S.W. 80TH COPURT 7351 S.W. 80TH COPURT MIAMI FL 33143 MIAMI FL 33143						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 07/27/1998
Principal Place of Business 2a. Mailing Address						4. FE Number - CApplied For
21 26						Hopfied for Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certificate o		5. Certificate of Status Desired \$8.75 Additional
27				Fee Required		5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23 28						Trust Fund Contribution Added to Fees
Zip						8. This corporation owes the current year Intangible
24	25	29 30	L			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
EED	NAMET MELCON		81	Nar	ne	
FERNANDEZ, NELSON				Stre	et Addre	ss (P.O. Box Number is Not Acceptable)
7351 S.W. 80TH COURT MIAMI FL 33143			<u> </u>	<u> </u>		
i MIM	MI FL 33143		83			į
			84	City		FL 85 Zip Code
				<u></u>		- - 1 1
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, t of Florida. Such change was autho	the above prized by	e-nam the co	ed corpor	ration submits this statement for the purpose of changing its registered 's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	i.		
SIGNATURE						
	Signature, typed or printed name of registered age			nt signat	ure required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12 .	PD OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	FERNANDEZ, NELSON	□ SELETE	1.2 NAME			
NAME	TOTALOW ANTIL CODUCT		1.3 STREET			
STREET ADDRESS	MIAMI FL 33143		i i		.33	· ·
CITY-ST-ZIP TITLE	VD	☐ D£LETE	1.4 CITY-ST-ZII 2.1 TITLE		+	☐ Change ☐ Addition
	DE IZAGUIRRE, FERNANDO S		2.2 NAME		1	
NAME	TACA OUL ANTIL CODUINT	١١.	2.3 STREET			
STREET ADDRESS	1411 5 00110					
CITY-ST-ZIP	STD	☐ DÉLETE	2. 4 CfTY-S 3.1 TITLE			☐ Change ☐ Addition
TITLE NAME	DE IZAGUIRRE, FERNANDO JE	_	3.2 NAME		- 1	
	TOCA OUR ANTIL CODUINT	"	3.3 STREET		:00	
STREET ADDRESS	MIAMI FL 33143		3.4. CITY-S		.55	
CITY-ST-ZIP TITLE	MILTONIA I E OUTTO	☐ DELETE	4.1 TITLE	21-ZII	-	☐ Change ☐ Addition
		□ 55-1-12	4. 2 NAME		- 1	
NAME			4.3 STREE	TADOPS	22	j
STREET ADDRESS	1)				.55	
CITY-ST-ZIP TITLE	 	□ DELETE	4.4 CITY-S 5.1 TITLE	1-41		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME			
	\ 		5.3 STREE	T ADDRE	ss	
STREET ADDRESS			5.4 CITY-S			
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TITLE		1	☐ Change ☐ Addition
NAME	(6.2 NAME			
1-C-CAIL	I					
STREET ADORESS			6.3 STREE	TADDRE	SS	

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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted of the corporation or the receiver or trusted empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR