

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**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90050 022 \*\*\*150.00

**DOCUMENT # P98000087139**

1. Corporation Name  
**NISH WHOLESALER, INC.**

Principal Place of Business  
5602 N.W. 161 STREET  
HIALEAH FL 33014

Mailing Address  
5602 N.W. 161 STREET  
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/12/1998**

4. FEI Number  
**65-0868760**

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**

**CHUI KIM, KWANG**  
5602 N.W. 161 STREET  
HIALEAH FL 33014

**10. Name and Address of New Registered Agent**

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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME            | STREET ADDRESS       | CITY-ST-ZIP      | <input type="checkbox"/> DELETE |
|-------|-----------------|----------------------|------------------|---------------------------------|
| D     | CHUI KIM, KWANG | 5602 N.W. 161 STREET | HIALEAH FL 33014 |                                 |
|       |                 |                      |                  | <input type="checkbox"/> DELETE |
|       |                 |                      |                  | <input type="checkbox"/> DELETE |
|       |                 |                      |                  | <input type="checkbox"/> DELETE |
|       |                 |                      |                  | <input type="checkbox"/> DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|---------------------------------|-----------------------------------|
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)