FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

NELSON A. SARDINA, INC.

1. Corporation Name

Principal Place of Business



DOCUMENT # P98000096174

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90031 015 ***150.00

DO NOT WRITE IN TUIC CRACE

14250 S.W. 29TH STREET MIAMI FL 33175		14250 S.W. 29TH STREET MIAMI FL 33175				. DO NOT WRITE IN THIS	SPACE			
						Date Incorporated or Qualifed 11/16/1998				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0816373			Applied For	
21		26				65-00 100 10			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State				6. Election Campaign Financing	\$5	.00 M	av Be	
23		28	¬ '			Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	Yes		No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent			
				81	Name					
	DINA, NELSON A			82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
	50 S.W. 29TH STREET					arous (r. 10), box (ratifico, in fractionsphasis)				
MAN	MI FL 33175			83						
				84	City	FL	85	Zip Co	de	
<u> </u>								. 74		
office or re	to the provisions of Sections 607,050, registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change	e was authorized	d by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I heraby accept the appoin	ntment a	as regi	stered	
SIGNATURE			ANOTE D			ired when reinstating) DATE				
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	Ager	ut siğnatüre redu	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	PD	□ DEL		TLE			☐ Cha		Addition	
NAME	SARDINA, NELSON A		1.2 N	AME						
STREET ADDRESS	4 4 0 TO 0 144 0 TO		135	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33175			ITY-S	1	•				
TITLE	VD VD	☐ DEI					☐ Cha	inge	Addition	
NAME	SARDINA, LIDIA M		2.2 N		1					
STREET ADDRESS	14250 S.W. 29TH STREET				TADDRESS					
CITY-ST-ZIP	MIAMI FL 33175				ST-ZIP					
TITLE	minute 15 do 11 d	☐ DEI					☐ Cha	inge	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET	TADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		☐ DEI					☐ Chá	inge	☐ Addition	
NAME			4.21	AME						
STREET ADDRESS			4.3 \$	TREET	TADDRESS					
CITY-ST-ZIP				ITY-S						
TITLE		☐ DEI					Cha	inge	☐ Addition	
NAME			5.2 N	AME		•				
STREET ADDRESS			5.3 S	TREET	T ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP	<u> </u>				
TITLE		☐ DEI	LETE 6.1 Ti	ΠE			Cha	inge	☐ Addition	

6.4 CITY-ST-ZIP 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 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS