Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90036 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099129

1. Corporation Name

NGD MA	NAGEMEN	IT CORPORATION	N							
Principal Place	e of Business		Mailin	ng Address				- I (NOTIAN) TIN JUMP TOUR OUT AND STRUCTURE OF STREET OF STREET	A IMILE INIDI KINI) () () () () ()
402 E. 51 STREET HIALEAH FL HIALEAH FL								DO NOT WRITE IN TH	S SPACE	
								3. Date Incorporated or Qualifed		
								11/23/1998		
2. Principal P	lace of Busine	ss	2a. M	ailing Address				4. FEI Number	A	oplied For
21			26					65-088.3811		ot Applicable
Suite, Apt.	#, etc.			uite, Apt. #, etc.		_		-5Certificate of Status Desired		Additional equired
22			27	ih. 9 Ctoto				a Station Committee Singular		May Be
City & Stat	te		28	ity & State				6. Election Campaign Financing Trust Fund Contribution		to Fees
Zip		Country	Zi	p	Count	try		8. This corporation owes the current year t	ntangible	
24	2	5	29		30			Personal Property Tax.	☐ Yes	No
	9. Name a	nd Address of Currer	nt Register	ed Agent				10. Name and Address of New Registere	d Agent	
, NIA	DTE NICOL	10.0			8	31	Name			
	rte, Nicol e. 51 stree				8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	EAH FL				٤	33				
					.	34	City		85 Zip	Code
							•	F		
-55	and boundaines	ons of Sections 607.050 ont, or both, in the State on, and accept the obliga	of Florida	Such change was at	ITHORIZAN F	יות ער	-named corpor the corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE				-Kankin /NOTE	Pagistand A	cont	signature required	when reinstating) DATE	•	
12.	Signature, typed o	r printed name of registered age OFFICERS AN		<u> </u>	13.	- Gom	- signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PST	•		☐ DELETE	1,1 TITLE	E			Change	☐ Addition
NAME		A sanda			1.2 NAM	Œ				`
STREET ADDRESS	:1	s Duarte	•		1.3 STR/	EET	ADDRESS		•	
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	OVP		.,,	☐ DELETE	2.1 TITLE	E				Addition
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STREET ADDRESS					2.2 NAV	Æ			☐ Change	
	ADJ E	515					ADDRESS		☐ Change	
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CITY-ST-ZIP	402 E	21 St	Ah, È		2.3 STRI	EET.			☐ Change	
	ADJ E	61SH	Ah, P	<u> (C. 33013,</u>	2.3 STRI 2.4 CITN 3.1 TITLI 3.2 NAM	Y-ST E	T-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 addless, with all other like empowered.

SIGNATURE(

CITY-ST-ZIP