## 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

## DOCUMENT # P98000106214 1. Corporation Name

N & C SERVICES, INC.

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90187 046 \*\*\*150.00



Principal Place of Business Mailing Address						T (BSINES) (19 1818) ISINE SOUN SOUN SERVE OFFICE OFFICE SOUR LIBER HOUSE COME COME.		
7472 WEST 32N	7472 WEST 32ND COURT	ST 32ND COURT						
HIALEAH FL 330		HIALEAH FL 33018			DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						12/22/1998 4. FEI Number Applied For		
—	<u> </u>	g Address			Not Applied to			
Suite, Apt.	# etc	Suite, Apt. #, etc.	ite. Apt. #. etc.			\$8.75 Additional		
22	m, 010.	27	Caro, ript. II, cic.			5. Certificate of Status Desired Fee Required		
City & Stat			City & State			6. Election Campaign Financing 55.00 May Be		
23	_	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25 29 30		0	Personal Property Tax. ☐ Yes ☐ No				
1	9. Name and Address of Curren					10. Name and Address of New Registered Agent		
81					ne			
HERANDEZ, NATANAEL				Stro	ot Addre	ess (P.O. Box Number is Not Acceptable)		
7472 WEST 32ND COURT			82	1 0.10	et Audic	idress (P.O. Box Number is Not Acceptable)		
HIALE	EAH FL 33018		83					
			0.4	C:L		- 85 Zip Code		
			84	City		FL   S   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						when reinstating) DATE		
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re ID DIRECTORS	gistered Age	nt signati	ire required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	<del></del>	DELETE	1.1 TITLE		$\top$	☐ Change ☐ Addition		
TITLE	PSD		1.2 NAME					
NAME	HERNANDWZ, NATANAEL		1.3 STREE	T 4 DODD				
	7472 WEST 32ND COURT				33			
CITY-ST-ZIP	HIALEAH FL 33018	DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	+-	Change Addition		
TITLE	VTD							
NAME	HERNANDWZ, CATALINA		2.2 NAME 2.3 STREE	T 40000				
	7472 WEST 32ND COURT	~			33	معاد الحاليات المرياد العالم العاد الع		
CITY-ST-ZIP TITLE	IN 122 W. I. E. GOO I G		2. 4 CfTY-1 3.1 TITLE	31-217	+-	☐ Change ☐ Addition		
			32 NAME			<b>- • -</b>		
NAME etheet annhees			3.3 STREE	T ADDE	22			
STREET ADDRESS			3.4. CITY-:		~			
CITY-ST-ZIP TITLE			4.1 TITLE	∪1- <b>ப</b> F	-	☐ Change ☐ Addition		
NAME	]	<del></del>	4. 2 NAME					
STREET ADDRESS			4.3 STREE		22			
			4.4 CITY-S		~			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	,,- <sub>6</sub> ;F	+-	☐ Change ☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE		ss			
CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE		+-	☐ Change ☐ Addition		
NAME		<del>_</del>	6.2 NAME			, , ,		
STREET ADDRESS	1		6.3 STREE	T ADDRE	ss	,		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
0111 01 LIF			_					

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.

SIGNATURE: