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

PROFIT CORPORATION ANNUAL REPORT

1998

NIR'S PIPE, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business 3485 NW 19 ST BLDG 7 LAUDERDALE LAKES FL 33311 US 2. Principal Place of Business 2a. Mailing Address US 2b. Mailing Address 2c. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State				311		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1990 4. FEI Number 65-0221949 5. Certificate of Status Desired 6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28 Zip	Соц	ntry		Trust Fund Contribution 8. This corporation owes or has paid the cu		to Fees
24	25	29	30	30		· · · · · · · · · · · · · · · · · · ·	_] No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
	r, shlo mo			81	Name			
3485 NW 19ST. BLDG. 7				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 101 LAUDERDALE FL 33311				83				
LA	UDERDALE FL 33311			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of registered agent and latter applicable (NOTE: Registered Agent signature required whon reinstating) DATE								
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOF	R\$ IN 12
TITLE	PST	☐ DELETE	1.1 7(1	LE		· -	☐ Change	☐ Addition
NAME NIR, SHLOMO			1.2 NAME];
STREET ADORESS	3485 NW 19 ST BLDG 7 LAUDERHILL LAKES FL				ADDRESS			
CITY-ST-ZIP TITLE			Y-ST	- ZiP		☐ Change	Addition	
NAME	NID CUI ONO		2.1 TIT 2.2 NA				Charife	יוטוווטווע דיין
STREET ADDRESS	3485 NW 19 ST BLDG 7				ADDRESS			
CITY-ST-ZIP	LAUDERHILL LAKES FL		2. 4 CI					
TITLE			3.1 TiT				Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			3.4 CI		r-zip			
TITLE		☐ DELETE	4.1 TIT				L Change	Addition
NAME			4. 2 NA					
STREET ADDRESS		•			ADDRESS			1
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NAME		First Occup	5.1 NA				- Sumike	
STREET ADDRESS					ADDRESS)
CITY-ST-ZIP			5 4 CIT					
TITLE		DELETE	6 1 TITI				Change	Addition
NAME			6 2 NA	ME				
STREET ADDRESS			6.3 STF	REET A	ADDRESS			
CITY, CT. 710			C A CIT	v ет	710			

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 a 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 chapter in or on an attachment with an address.