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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # C22172



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90084 009 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	NSET INVESTORS, INC.									
Principal Place of Business Mailing Address					'	19811919 140			31811 B181	I) 61611 (621
6401 SW 87 AVE 6401 SW 87 AVE				·						
STE 200 SUITE 210					DO NOT WRITE IN THIS SPACE					
MAIMI FL 33173 US	•	MIAMI FL 33173 US			3. Date Incorporated or Qualifed					
03		00			T	5/1991				
2 Principal Pl	ace of Business	2a. Mailing Address	ng Address			umber			Appl	ied For
21 26		<del>-</del>	· · · ·			65-0242945			Not /	Applicable
Suite, Apt.,#, etc.		Suite, Apt. #, etc.					tus Desired	\$8.	<b>75</b> Ad	ditional
22 50.1	ne -212 ·	27 Suite 212			5. Certin	cate of Sta	tus Desired L	Fe	e Req	uired 💳
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country		1	•	owes the current		_	ا
24	25 29		30		Personal Property Tax.					JNO
Name and Address of Current Registered Agent				Name	10. Name	and Add	ress of New Keg	istered Agent		
randolph A. McKean				IVallie						i
6401 SW. 87 AVE			82	Street Add	ress (P.O. Bo	x Number	is Not Acceptable	)		ì
SUITE 210			83				· · ·	·		
MIAMI FL 33173				Suite	e 212					
			84	City				FL  85	Zip Co	de
11, Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-r	named corp	oration subm	its this sta	tement for the pur	pose of changir	ig its re	egistered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	tnorized by th	e corporation	on's board of	directors.	i nereby accept tr	е арроілітені а	as rega	stered
SIGNATURE			Registered Agent s		d . t	_		DATE		
	OFFICERS AND DIFFCTORS			ignature require			NGES TO OFFIC		CTOR	S IN 12
TITLE	DVP				ADDIT	IONO/ONE	10001001110	<b>A</b> Cha		Addition
NAME	WESTON, KENNETH	·								ì
STREET ADDRESS			1.3 STREET A	DDRESS						
CITY-ST-ZIP						${ t FL}$	33173			
TITLE	DPS	☐ DELETE	2.1 TITLE					<b>X</b> Cha	inge	Addition
NAME	MCKEAN, RANDOLPH A.		2.2 NAME							
STREET ADDRESS	6401 SW 87 AVE					401 S W 87 Avenue, Suite_212.				سي
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-	ZIP M:	iami,	FL	33173			
TITLE	DVP	☐ DELETE 3.1 TI				-		<b>y</b> Cha	ınge	☐ Addition
NAME	IONEAN, OTETEN		3.2 NAME							
STREET ADDRESS	6401 SW 87 AVE			DORESS 6	401 S	W 87	Avenue,	Suite	212	
CITY-ST-ZIP			3.4. CITY-ST-	ZIP M	<u>iami,</u>	FL	33173			<u></u>
TITLE	DVP	☐ DELETE	4.1 TITLE					X Cha	inge	Addition
NAME	MCKEAN, DAVID		4. 2 NAME			_	•			
STREET ADDRESS	6401 SW 87 AVE		4.3 STREET A				Avenue,	Suite	212	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-Z	ZIP M.	iami,_	FL	33173			□ A 3333
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	nde	Addition
NAME			5.2 NAME	DOGECO						
STREET ADDRESS			5.3 STREET A							
CITY-ST-ZIP		F) DELETE	5.4 CITY-ST-2 6.1 TITLE	UP		-		☐ Cha	ange	Addition
TITLE		☐ DELETE						_ Cria	แห้ด	☐ \\Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME			6.2 NAME	DDOCCC		÷				
STREET ADDRESS			6.3 STREET A							
CITY-ST-ZIP			6.4 CITY-ST-2	۵۲.						

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 chapted, of off an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.274.1742