CR2E034 (11/98)

Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90031 003 ***150.00

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

1. Corporation	MENT # \$48822 NESTMENTS, INC.)	NO NIOL BIRLI GNON ÈLON GI	
Principal Place	of Business	Mailing Address			r:		
6262 BIRD ROA	D.	6262 BIRD ROAD					
SUITE 3-B		SUITE 3-B					
MIAMI FL 3315	j	MIAMI FL 33155				E IN THIS SPACE	
					3. Date incorporated or Qualifed 04/30/1991		
2. Principal Pl	ace of Business	2a. Mailing Address	· 		4. FEI Number		Applied For
21		26			65-0261704	X	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Codificate of Status Desired	\$8.75	Additional
22		27			5. Certifcate of Status Desired	└ .Fee	Required
City & State	•	City & State		-	6. Election Campaign Financing	 \$5.0	0 May Be
23		28			Trust Fund Contribution	1 1	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	No
,	9. Name and Address of Curren				10. Name and Address of New Ro	egistered Agent	
			81	Name			
	tiago, fred V.						
3430 NORTH MIAMI AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble) ,	
MIAIM	AI FL 33127-4997		83				· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85 Zi	p Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	z and 607.1508, Florida Statute of Florida. Such change was au	s, the above- thorized by t	-nameu corpo he corporatio	pration submits this statement for the parties of directors. I hereby accept	the appointment as	registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		,		3
SIGNATURE							
	Signature, typed or printed name of registered ager			signature required	when reinstating)	DATE	FODE IN 12
12.	PVT OFFICERS AN	D DIRECTORS ☐ DELETE	13.				
TITLE	• • •		A 4 mmm 6		ADDITIONS/CHANGES TO OFF		
NAME	DAHLAN, THOMAS J.	C) SELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	Chang	
STREET ADDRESS		C) SELETE	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF		
011122114011200	6262 BIRD RD. #3-A/3/3	C) DETELE		ADDRESS	ADDITIONS/CHANGES TO OFF		
CITY-ST-ZIP	MIAMI FL		1.2 NAME		ADDITIONS/CHANGES TO OFF		
i		☐ DELETE	1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFF		e Addition
CITY-ST-ZIP	MIAMI FL		1.2 NAME 1.3 STREET / 1.4 CITY-ST-		ADDITIONS/CHANGES TO OFF	☐ Chang	e Addition
CITY-ST-ZIP	MIAMI FL		1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	- ZIP	ADDITIONS/CHANGES TO OFF	☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL D DAHLAN, THOMAS J.		1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET /	ADDRESS	ADDITIONS/CHANGES TO OFF	☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAHLAN, THOMAS J. 6262 BIRD RD. #3-A /3 B		1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST	ADORESS		☐ Chang	e
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAHLAN, THOMAS J. 6262 BIRD RD. #3-A /3 B	☐ DELETE	1.2 NAME 1.3 STREET/ 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET/ 2.4 CITY-ST 3.1 TITLE	ADORESS	ADDITIONS/CHANGES TO OFF	☐ Chang	e
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAHLAN, THOMAS J. 6262 BIRD RD. #3-A /3 B	☐ DELETE	1.2 NAME 1.3 STREET / 1.4 CITY- ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY- ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.3 STREET /	- ZIP ADDRESS - ZIP - ADDRESS		☐ Chang	e
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR