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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90145 045 ***150.00

DOCU! 1. Corporation NAKIS, II						
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Principal Place	e of Business	Mailing Address			01911 01911 01611 61911 0	
1495 NW 10TH AVE 1495 NW 10TH AVE						
MIAMI SUBS		MIAMI SUBS		DO NOT WRITE IN	TUIC CDACE	
MIAMI FL 33136 US	5	Miami Fl 33136 US		3. Date Incorporated or Qualifed	INIS SPACE	
00		00	·	09/26/1991		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
21		26		65-0311383		t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	Additional
22		27		5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
23	<u> </u>	28	-	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		□No
24	9. Name and Address of Current	29 3	<u> </u>	Personal Property Tax. 10. Name and Address of New Regist		
	5. Name and Address of Current	Negistered Agent	81 Name			
NAKIS, SOFIA			32 01	TOHN NAKU		
1495 NW 10TH AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAM	/II FL 33136		83			
			84 City (· · · · · · · · · · · · · · · · · · ·	85 Zip C	`ode
			Hall	Physical	FL 33	וגמ
11 Purcuant t	to the provinces of Costlene 607 0502	and 607 1508 Florida Statutes	, the above-named corp	poration submits this statement for the purpo-	se of changing its	registered
ii. i disualit i	to the provisions of Sections 007.0302	Cha con rood, i londa dialaco				sictored I
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familian with, and acception obligation	f Florida. Such change was autions of, Section 607.0505, Florid	norized by the corporati la Statutes.	ion board of directors. I hereby accept the	appointment as reg	gistered
office or re agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	Ra Statutes.	4/26	appointment as reg	gistered
agent. I ar	m familial with, and acceptable obligation Signatury, speed or printed name of registered agent	ons of, Section 607.0505, Florid NOTE: R	a Statutes. L 13 egistered Agent signature require	ed when reinstaling) 4/26	[99	
agent. I ar SIGNATURE	m familiar with, and accept the obligation of the control of the c	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R. D) DIRECTORS	a Statutes. L 1 5 egistered Agent signature require 13.	4/26	99 s and director	RS IN 12
agent. I ar SIGNATURE 12. TITLE	in familial with, and acceptable obligation Signatury, your or printed name of registered agent. OFFICERS AND PD	ons of, Section 607.0505, Florid NOTE: R	a Statutes. L S egistered Agent signature require 13. 1.1 TITLE	ed when reinstaling) 4/26	[99	
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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 address, with all other like empowered.

SIGNATURE: