

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87039** (1)

1. Corporation Name:
NHE, INC.



Principal Place of Business

**1801 S.W. 3RD AVE.
MIAMI FL 33129-1416**

Mailing Address

**1801 S.W. 3RD AVE.
MIAMI FL 33129-1416**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0293448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JIMENEZ, ROSE G.
1801 SW 3RD AVE.
8TH FLOOR
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of appointment

Signature typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

☐ DELETE

NAME

**MEIRELES, CLETO CAMPELO
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

☐ DELETE

NAME

**MEIRELES, CLAUDIA MARIA
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

**MEIRELES, PAULO CESAR
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

**JIMENEZ, ROSE G
1801 SW 3RD AVE 8TH FLOOR
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

**PERDIGAO, MARCIO C
1801 S.W. 3RD AVE.
MIAMI FL 33129-1416**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**200001842862
-05/29/96--01093--014
***1400.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rose G. Jimenez*

ROSE G. JIMENEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

04/29/96 (305) 858-6350

CR2E034 (12/95)