

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90097 008 ***150.00

DOCUMENT # V23243

1. Corporation Name

NERO MANAGEMENT INC.

Principal Place of Business

8136 SW 87 TERR
MIAMI FL 33143

Mailing Address

8136 SW 87 TERR
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1992

4. FEI Number

65-0338298

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5774 S.W. 76 TERR
Suite, Apt. #, etc.

2a. Mailing Address

26 5774 S.W. 76 TERR
Suite, Apt. #, etc.

City & State

23 SOUTH MIAMI, FL

City & State

28 SOUTH MIAMI, FL

Zip

24 33143

Country

25 USA

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

SOBEL, STUART H.
155 S MIAMI AVE
PENTHOUSE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

DONALD F. POWELL CPA

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

16100 NE 16th AVE

83

84 City

SOUTH MIAMI, BCH. FL

85 Zip Code

33162

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]
Signature, typed or printed name of registered agent and title if applicable

DONALD F. POWELL
(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12.

OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME MANNING, OREN
STREET ADDRESS 8136 SW 87 TERR
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME MANNING BARBARA R
STREET ADDRESS 8136 SW 87 TERR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

305-469-4544

Daytime Phone #

CR2E034 (1/98)

02/13/97