

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V34546
1. Corporation Name

(4)

NIERENCORP CORPORATION

Principal Place of Business

Mailing Address

~~774 GLENGARRY DRIVE~~
MELBOURNE FL 32940
US

792 SPANISH COVE
DRIVE

~~774 GLENGARRY DRIVE~~
MELBOURNE FL 32940
US

792 SPANISH COVE
DRIVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1992

4. FEI Number

Applied For

59-3133532

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 792 SPANISH COVE DR

26 792 SPANISH COVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Melbourne FLA

27 City & State
Melbourne FLA

23 Zip
32940

28 Zip
32940

24 Country
USA

29 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, CESAR L ESQ.
1221 BRICKELL AVE
22ND FLOOR
MIAMI FL 83131

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME NIERENBERG, BRUCE
STREET ADDRESS 774 GLENGARRY DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 792 SPANISH COVE DR
1.4 CITY-ST-ZIP MELBOURNE FLA 32940

TITLE AS
NAME ALVAREZ, CESAR L
STREET ADDRESS 1221 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 change of an attachment with an address.

SIGNATURE:

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E034 (5/98)