

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 # **V35541 (4)**
1. Corporation Name
NILI CORPORATION



Principal Place of Business: **3201 NW 24TH STREET ROAD MIAMI FL 33142**
Mailing Address: **3201 NW 24TH STREET ROAD MIAMI FL 33142**

3. Date Incorporated or Qualified: **05/05/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0337416**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONOCANDILOS, JORDAN
3201 NW 24TH STREET ROAD
MIAMI FL 33142**

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: _____ DATE: _____
Signature typed or printed name of registered agent, if other than applicant. DATE: Registered Agent's signature is required when not signing.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE	12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
	PD MONOCANDILOS, JORDAN 3201 NW 24TH ST. RD. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V MONOCANDILOS, THEODORA 3201 NW 24TH ST. RD. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V LAMBRAKOPOULOS, JOHN 3201 NW 24TH ST. RD. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S DIAZ, LILIA A. 3201 NW 24TH ST. RD. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T ISERN, JORGE E. 3201 NW 24TH ST. RD. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

SIGNATURE: **JORGE E. ISERN, Treas** **APR 30 1996** 305-637-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print Name)

CR2E034 (12/95)