## FILE NOW: FILING FEE AFTR MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortam

Secretary of Stale
DIVISION OF CORPORATIONS

## Aug 11 1998 8:00am Secretary of State

		V52308 NT MANAGEMEN	(6) NT CORP.								
Principal Place of Business Mailing Address											
C/O GUNSTER YOAKLEY 2 8. BISCAYNE BLVD., STE. 3400 MIAMI FL 33131-1897			C/O GUNSTER YOAKLEY 2 S. BISCAYNE BLVD., STE, 3400 MIAMI FL 33131-1897			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified					
2. Principal	Place of Business		2a. Malling Address				4.	07/22/1992 FEI Number			Applied Fo
1			26					65-0348958		_	Not Applic
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status Desired			75 Additions e Required	
City & Sta	te		City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be
Zip 14	25	ountry	Zip 29	Cour 30	ntry		8.	This corporation owes or has pa Personal Property Tax due June		current yea	r Intangible No
	9. Name and A	ddress of Current R	egistered Agent		_		10.	Name and Address of New Re	glater	ed Agent	
V/	LIDES-FAULI COS	RPORATE SERVICE	S, INC.	l'	81	Name					
2. \$. BISCAYNE BLVD.				į.	82	Street Addre	ss (P	O. Box Number is Not Acceptat	ole)		
STE. 3400					_						
M	AMI FL 33131-18	97	,	1	В3						Ŷ
				h	R4	City				185	Zin 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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

1	· -		
SIGNATURE	Bignature, typed or printed name of registered agent and title if applicable. INOTE:	Banctered Speni consture	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	PSTD DELETE	1.1 TITLE	☐ Change ☐ A
NAME	MARTINEZ-SAMPEDRO, LUIS JAVIER	1.2 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-1897	1.4 CITY-ST-ZIP	<u>'</u>
TOLE	DELETE	2.1 TITLE	Change   /
NAME	_ ::	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP			
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NAME		G 2 NAME	700002613477 -08/12/98-01007-028 -01007
STREET ADDRESS		63 STREET ADDRESS	***550.00
1			^~~~aou.uu

14. Thereby certify that the information supplied with this filing does not qualify for the exemption slated in Section 119.07(3)(i). Florida Statutes. Hurther certify that the informaticated on this annual report or supplemental annual report is true and that my signature shall have the same logal effect as if made under oath; that I am officer or director of the curporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed or on an attachment with an address.

115/ax (20x) 271-607

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