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

CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68290 (8)

NATIONAL ADJUSTMENT BUREAU, INC.

Mailing Address

Principal Place of Business 7975 NW 154 ST. SUITE 330 MIAMI LAKES FL 33016

FILED Mar 13 1998 8:00am Secretary of State



P O BOX 172408 MIAMI FL 33017 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1992 28. Mailing Address 4. FEI Number Applied For 65-0325657 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name ALVAREZ, NELSON 7975 NW 154 ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 330 83 MIAMI LAKES FL 33018 84 City 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE (NOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE ALVAREZ, NELSON NAME 1.2 NAME 7975 NW 154 ST., SUITE 330 STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 33016 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ALVAREZ, NINA 2.2 NAME NAME 7975 NW 154 ST., SUITE 330 STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Change Addition 3.1 TI) LE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE

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 trusted 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

GNATURE: The source of the resolution of the resolution of the resolution of the second or on an attachment with an address

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

3.9.98 305-362.7200