

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L35182** (9)

1. Corporation Name

NORTHWESTERN CAPITAL CORPORATION



Principal Place of Business

Mailing Address

**ONE BAYFRONT PLAZA: SUITE 1100
100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131
US**

**ONE BAYFRONT PLAZA: SUITE 1100
100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131
US**

3. Date incorporated or Qualified
12/11/1989

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0165492

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.
MIAMI CENTER; SUITE 3000
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

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	VD	<input type="checkbox"/> DELETE
NAME	BAER, STEVE	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GRAY, U.D.	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLO, WAYNE R.	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 SO BISCAYNE BLVD	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YAFFA, PHILLIP A.	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/26/96

Date

Daytime Phone #

CR2E034 (12/95)