

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027404
1. Corporation Name

NEW WORLD TRADING GROUP, INC

Principal Place of Business	Mailing Address
4980 S.W. 52nd St. #118 Davie, FL 33314	4980 S.W. 52nd St. #118 Davie, FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/93

4. FEI Number

65-0401246

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LEOROLD, KAREN S.
20801 Biscayne Boulevard
Suite 501
North Miami Beach, FL 33180**

10. Name and Address of New Registered Agent

81 Name	JOBLOVE, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable)	Suite 3300 100 S.E. 2nd Street
83 City	Miami
84 Zip Code	FL 33131

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]* **MICHAEL D. JOBLOVE** June 11, 1999
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANT, JON	
STREET ADDRESS	12555 Biscayne Blvd, No. 462	
CITY-ST-ZIP	N. Miami, FL 33181	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SILVA, F. LUIS	
13 STREET ADDRESS	2845 W. Aviary Drive	
14 CITY-ST-ZIP	Cooper City, FL 33026	<input type="checkbox"/> Change <input type="checkbox"/> Addition

21 TITLE		
22 NAME	900002907539-8	
23 STREET ADDRESS	-06/17/99-01045-009	
24 CITY-ST-ZIP	*****61.25 *****61.25	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/99 954-447-4641
Date Date/Time Phone #

CR2E034 (1/98)