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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION CF CORPORATIONS

DOCUMENT # P93000032533

1. Corpo ation Name

NEW AGE GENERAL SERVICES INC

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90156 024 ***150.00

INEW AC	RE GENERAL SERVICES, IN	ю.				1114114 11 1111 1111 1111 1111 1111		
Principal Place	a of Puninger	Mailing Address						
•		· ·						
16321 SW 102ND PL P.O BOX 526444 MIAMI FL 33157 MIAMI FL 33152-6444								
MIAMI FL 33157 MIAMI FL 33152-6444 US US						DO NOT WRITE IN T	IIS SPACE	
•		••				3. Date incorporated or Qualifed		
						05/05/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 886 SW. 68 Ct. 26						65-0407124		Nct Applicable
Suite, /\pt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
22 27						3. Certificate of Status Desired	Fee	Required
City & Stat	e .	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23 //19	mi FL.	28				Trust Fund Contribution	Adde	d to Fees
Zip Country Zip			Country			8. This corporation owes the current year		
24 33/44	-472 25 (J.S.		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	t Registered Agent		1-1		10. Name and Address of New Registe	red Agent	
500	N 11101/ 1 500			81	Name			j
	N, MARK J ESQ			82	Street A do	dress (P.O. Bo Number is Not Acceptable)		
	OUTH BISCAYNE BLVD							
	E 3599			83				
MIAI	MI FL 33131			84	City		. 85 Zi	p C ode
				1	•	-	┍┖╴╽ <u>╴</u> ╽	
11. Pursuant	to the provisions of Sections 607.050	: and 607.1508, Florida Statu	tes, the a	bove	-named cor	rporation subm ts this statement for the purposition's board of lirectors. I hereby accept the a	e of changing i	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Fa	orida Sta	u by i lutes.	ne corpora	mons board or mectors, thereby accept the a	ppominent as	og istereo
SIGNATURE								
SIGNATURE	Signature, typed or printed no me of registered age	n and title if applicable (NO		d Agent	signature requi	ired when reinstaling) DAT		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE				Chang	e 🗌 Addition
NAME	RIVERON, HUBERTO JR		1.2 N	AME	İ			j
STREET ADDRESS	27307 S.W. 117TH PLACE			TREET	ADDRESS			
CITY-ST-ZIP	PRINCETON FL 33032			ITY-ST	· ZIP			
TITLE		DELETE 2.1 T		ITLE			Chang	e
NAME			22 N	AME				
STREET ADDRESS			235	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		2.40	CITY-S	r-ZIP			
TITLE		☐ DELETE	3.1 T	ITLE			☐ Chang	e 🔲 Addition
NAME			32 N	AME	1			ļ
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. (OTY-\$1	-ZIP			
TITLE		DELETE	4.1 T	ITLE			Chang	e
NAME			4.21	NAME				
STREET ADDRE 3S			435	TREET	ADDRESS			Ì
CITY-ST-ZIP			<u>4.4</u> C	ITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 T	πLE	_ _		Chang	e 🗌 Addition
NAME			5.2 N	IAME				
STREET ADDRE 'S			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-\$1	- ZIP			
TITLE		☐ DELETE	6.1 T	TLE			Chang	e Addition
NAME			6.2 N	IAME				1
STREET ADDRESS			638	TREET	ADDRESS			
	,							i i

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 εxecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the corporation or the receiver or trustee empowered.

SIGNATURE:

berto Riveran