

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000027954 (4)**

1. Corporation Name

NEW PEACE ENTERPRISE, INC.



Principal Place of Business

**2260 N.W. 27TH AVE.
LOT B-230
MIAMI FL 33142**

Mailing Address

**2260 N.W. 27TH AVE.
LOT B-230
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., Etc.

26 State, Apt., Etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RAMOS, REYNALDO
2260 N.W. 27TH AVE.
LOT B-230
MIAMI FL 33142**

3. Date Incorporated or Qualified

04/12/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0482113

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

10. Name and Address of New Registered Agent

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 607.0402 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

PHONE

NAME

STREET ADDRESS

CITY, ST., ZIP

PHONE

NAME

STREET ADDRESS

CITY, ST., ZIP

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CITY, ST., ZIP

PHONE

NAME

STREET ADDRESS

CITY, ST., ZIP

**PD
RAMOS, REYNALDO
2260 N.W. 27TH AVE., LOT B-230
MIAMI FL 33142**

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1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST., ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST., ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST., ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST., ZIP

Change

Addition

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Addition

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Addition

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SIGNATURE: *Reynaldo Ramos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

CR2E034 (12/95)