CR2E034 (11/98)

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90165 036 ***150.00

- A POURSPURA DIA ROBER DIANE ANDRE MARIE MORE DASSA BEDIA FORE PAREN AND A DESCRIPTION OF THE POUR

DOCUMENT # **P94000027954**1. Corporation Name

NEW PEACE ENTERPRISE, INC.

| | | | | | | . 1891 - 18 11 - 1 818 - 18 11 | |
|--|---|-----------------------|--------------------------------|-----------------------|--|--|----------------|
| Principal Place | e of Business | Mailing Address | 21 | aca 1113 | 2057 Halling the same of the | AMILIA LIMITA LAMINA LALAN. | #1111 #1#1 H#1 |
| 3255 NW 37TH ST 3195 NW 30TH-SI | | 3793600 | | | | | |
| MIAMI FL 33142 LOT 8 230 | | 101 8 220 | MiAHI, Hi. | | DO NOT WRITE IN | THIS SPACE | |
| US | US MÁMFE 33142 | | 3/95w:03 Hiani,Fi. 33/42 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| | | 2 00 | رد ر | , | 04/12/1994 | | į |
| 2 Princir al Pl | lage of Business | 2a. Mailing Address | | | 4. FEI Number | A | plied For |
| | Peace Enterplie Dr | | | | 65-0482113 | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 Miam/ PL. 28 | | | | | Trust Fund Contribution | Added t | o Fees |
| Zip Country Zip | | | Country | | 8. This corporation owes the current ye | | _/ |
| 24 33/42 25 NAVE 29 30 | | | <u> </u> | | Personal Property Tax. | Yes | ØN₀ |
| | 9. Name and Address of Currer. | Registered Agent | | | 10. Name and Address of New Regist | ered Agent | |
| UED! | MANDEZ ANGELA DO IAS | | 81 | Name | | | |
| HERNANDEZ, ANGELA ROJAS 3195 NW 30 ST | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33142 | | | 83 | | | | |
|) | MI I E 0011E | | 63 | | | | |
| | | | 84 | City | | FL 85 Zip (| Code |
| | | 1 507 4500 51 514 044 | 466 | | and a submit this statement for the purpo | | enistered |
| 11. Pursuant to the provisions of Sections 607.050/. and 607.1508, Florida Statutes, the above-named curporation 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. | | | | | | | |
| SIGNATUF:E | | | | | | | |
| <u> </u> | Signature, typed or printed name of registered agen OFFICERS AN | | <u> </u> | nt signature required | d when reinstating) DA ADDITIONS/CHANGES TO OFFICER | | E'S IN 12 |
| 12. | PD OFFICERS AN | DELETE | 13. | | ADDITIONATION TO OFFICE | ☐ Change | Addition |
| NAME | RAMOS, REYNALDO | 3195NW305 | | 1 | | | |
| STREET ADDRESS | 2260 N.W. 27TH AVE., LOT B-230 | | 1.3 STREET ADDRESS | | | | } |
| CITY-ST-ZIP | N/A C/271//2 | | 1.4 CITY-S | | | | ļ |
| TITLE | T | ☐ DELETE | 2.1 TITLE | ·· | | ☐ Change | Addition |
| NAME | HERNANDEZ, ANGELA ROJAS | | 2.2 NAME | | | | |
| STREET ADDRESS | 3195 NW 30 ST | | 2.3 STREE | TADORESS | | | |
| CITY-ST-ZIP | MIAMI FL 33142 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-9 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition (|
| NAME | | | 4. 2 NAME | ĺ | | | ļ |
| STREET ADDRES. | | | 4.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| MLE | | DELETE | 5.1 TITLE | } | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 1 | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 64 CITY-S | T-ZIP | | | |

14. I hereby pertify 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: 1

PHOLOGICAL REPORT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.99 305,635.711/8