

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 # **P94000033622**
1. Corporation Name
NEUGINE OF AMERICA INC.

Principal Place of Business Mailing Address
**4720, NW BOCA RATON BLVD
SUITE 3107
BOCA RATON - FL 33431** **SAME**

3. Date Incorporated or Qualified **MAY 4th 1994** 3a. Date of Last Report **1995**
4. FEI Number **65-0488666** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**TIMOTHY K MATTON
2929, EAST COMMERCIAL BLVD
PENTHOUSE "E" - FORT LAUDERDALE
FL 33308**

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 607.0502 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NESSIM PINTO <input type="checkbox"/> DELETE
NAME	1211, NE 14th AVE #6 (President)
STREET ADDRESS	FORT LAUDERDALE FL 33304
CITY - ST - ZIP	
TITLE	MARTA C. DEHA ROCHE <input type="checkbox"/> DELETE
NAME	1211, NE 14th AVE #6 (Secretary)
STREET ADDRESS	FORT LAUDERDALE FL 33304
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

1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP
2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP
3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP
4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP
5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP
6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP

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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: **NESSIM PINTO** Date: **APR 22nd 96** (409) 994443

CR2E034 (12/95)