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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P94000033622

1. Corporation Name
NEUGINE OF AMERICA, INC.



Principal Place of Business P. O. BOX 7413 SUITE D-107 FT. LAUDERDALE FL 33338 US	Mailing Address P. O. BOX 7413 SUITE D-107 FT LAUDERDALE FL 33338 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 590296 Suite, Apt. #, etc. SABAL PALM City & State FORT LAUDERDALE Zip FL 33359		2a. Mailing Address 26 P.O. Box 590296 Suite, Apt. #, etc. SABAL PALM City & State FORT LAUDERDALE Zip FL 33359		3. Date Incorporated or Qualified 05/04/1994	
				4. FEI Number 65-0488666	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 E. COMMERCIAL BLVD. PENTHOUSE E FT. 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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PINTO, NESSIM	1.2 NAME	PINTO, NESSIM
STREET ADDRESS	1211 NE 14TH AVE., #6	1.3 STREET ADDRESS	610, GARDENS DR #104
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	S	2.1 TITLE	S
NAME	DE LA ROCHE, MARTA C	2.2 NAME	PINTO, MARTA C
STREET ADDRESS	1211 NE 14TH AVE., #6	2.3 STREET ADDRESS	610, GARDENS DR #104
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ DATE: MAR 31ST/99 DAYTIME PHONE #: (561) 944-4443

CR2E034 (1/198)