

5-13978-1166 -c

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

FILED
May 13 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P96000044509 (3)**

1. Corporation Name
NEW WORLD BROADCASTING, INC.



| | |
|--|---|
| Principal Place of Business POST OFFICE BOX 52-0677 MIAMI FL 33152 | Mailing Address POST OFFICE BOX 52-0677 MIAMI FL 33152-0677 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/23/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0666950 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------------|
| 21. Principal Place of Business 3785 NW 82 Ave. | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. SUITE 312 | 26. Suite, Apt. #, etc. |
| 23. City & State MIAMI, FL | 27. City & State |
| 24. Zip 33166 | 28. Zip |
| 25. Country | 29. Country |
| 30. Country | |

9. Name and Address of Current Registered Agent

**EDEN, ADIB JR.
440 POINCIANA ISLAND
SUNNY ISLE FL 33160**

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name EDEN JR., ADIB |
| 82. Street Address (P.O. Box Number is Not Acceptable) 3785 N.W. 82 AVE., SUITE 312 |
| 83. |
| 84. City MIAMI |
| 85. Zip Code FL 33166 |

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: *[Signature]* **ADIB EDEN** DATE: **2/1/97**

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE D/P/S | <input type="checkbox"/> DELETE |
| NAME EDEN, ADIB JR. | |
| STREET ADDRESS C/O POST OFFICE BOX 52-0677 N/A | |
| CITY-ST-ZIP MIAMI FL 33152 | |
| 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 | |
| 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 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **ADIB EDEN** DATE: **2/1/97** Daytime Phone #: **315-573-5442**

CR2E034 (9/96)