

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S70699 (1)**  
 1. Corporation Name  
**NEW YORK SPECIALTIES, INC.**



Principal Place of Business Mailing Address  
 P O BOX 570266 ORLANDO FL 32857-0266 US  
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3. Date incorporated or Qualified **07/31/1991** 3a. Date of Last Report **04/07/1995**  
 4. FEI Number **59-3083788** 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 Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**RUIZ, SOO J.**  
**6703 HEATHER RD.**  
**ORLANDO FL 32807**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and (if not applicable) (NOTE: Registered Agent signature required when re-registering) (if ALL)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>P</b>	<b>RUIZ, EDUARDO E</b>	12 NAME	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
<b>6703 HEATHER RD.</b>		14 CITY - ST - ZIP	
<b>ORLANDO FL</b>		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	22 NAME	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32 NAME	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42 NAME	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
	<input type="checkbox"/> DELETE	44 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52 NAME	
	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	62 NAME	
	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eduardo E Ruiz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96  
 Daytime Phone #

CR2E034 (3/96)