

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 FEB 27 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S93777 (8)**  
1. Corporation Name  
**NEWSKY IMPORT & EXPORT, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% ROBERTO DE SOUSA 8631 NW 54TH ST MIAMI FL 33166 US</b>	Mailing Address <b>% ROBERTO DE SOUSA 8631 NW 54TH ST MIAMI FL 33166 US</b>
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3. Date Incorporated or Qualified <b>11/12/1991</b>	3a. Date of Last Report <b>04/25/1994</b>
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2. Principal Place of Business 21 <b>8611 NW 54TH ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8611 NW 54TH ST</b> Suite, Apt. #, etc.
22 City & State <b>Miami, FL</b>	27 City & State <b>Miami, FL</b>
23 Zip <b>33166</b> Country <b>USA</b>	28 Zip <b>33166</b> Country <b>USA</b>

4. FBI Number <b>65-0432259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under 5-189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DE SOUSA, ROBERTO 10537 N.W. 8TH STREET PEMBROKE PINES FL 33026</b>				10. Name and Address of New Registered Agent			
81	Name			81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)			82	Street Address (P.O. Box Number is Not Acceptable)		
83				83			
84	City			84	City		
			<b>FL</b>	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 title of applicant) (NOTE: Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>DE SOUSA, ROBERTO</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE SOUSA, ROBERTO</b>	12. NAME	
STREET ADDRESS	<b>10537 NW 8TH ST.</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	14. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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 Sections 119.07(3)(b), 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: *R de Sousa* **2/20/95** **(305) 5939112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR