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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078563 (8)

NEWTON MIAMI CORP.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	FIFAR IIII FRAI
ncipal Place of Business Mailing Address	
20801 BISCAYNE BLVD SUITE 301 AVENTURA FL 33180 20801 BISCAYNE BLVD SUITE 301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified]
2. Principal Place of Business 2a. Mailing Address 4. FEI Number A	Applied For
1/6K 1/79/1985	vot Applicable
Cuite Ant # etc	Additional
E Contitionto of Status Dograd	Required
	May Be
	d to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current year In	ntangible
20 20 20	□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MINSKI, GEORGE A ESO	
4651 SHERIDAN STREET 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 325	
HOLLYWOOD FL 33021	
84 City	Code
FL ¹⁸¹	
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 posted name of registered agent and tric if applicable (NOTE Registered Agent's grature required when reinstaling) DATE	VDC IN 10
Time D	
NAME YOUNG, BRADLEY A 1.2 NAME	
STREET ADDRESS CITY-ST-ZIP 20801 BISCAYNE BLVD., SUITE 301 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 1.4 CITY-S1-ZIP	
CITY-ST-ZIP AVENTURA FL 33180 1.4 CITY-ST-ZIP	Addition
NAME ROSE, NEAL I 22 NAME	_
STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 301 23 STREET ADDRESS	
CITY-ST-ZIP AVENTURA FL 33180 2 4 CITY-S1-ZIP	
TITLE DELETE 3.1 LITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
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TITLE DELETE 5.1 TITLE Change	e 🔲 Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-S1-ZIP	
TITLE DELETE 6.1 TITLE Change	:
NAME 6.2 NAMF	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. I bereby 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	o information

indicated on this annual report or supplied will this limit does not dealing to the same 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.