03-10-1999 90182 047 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	423307
4. Osmismelian Name	• •	420001

Corporation Name

NEWPORT LEASING, INC.

NEWPOR	II LEASING, INC.						
Principal Place	e of Business	Mailing Address					
1501 S W LEJEUNE ROAD 1501 S W LEJEUNE ROAD CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed 04/11/1973	
2 Dringing D	ace of Business	2a. Mailing Address					Applied For
21	ace of business	26					lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	\$8.75	Additional Required
	City & State City & State				6. Election Campaign Financing \$5.00 May Be- Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	□No
<u></u>	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		ļ
1	NG, KENNETH G			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
15805 SW 82ND COURT			Checking	dioso (i.o. pox riamas, io rice ricespiesse)			
MIAMI FL 33157		83					
				84	City	FL   "   '	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			MOTE Besisters	1 4000	t algorithm requi	ired when reinstating) DATE	\
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	a Agen	r signarure requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	PD	□ DELET		TLE		Chang	
NAME	PHANG, KENNETH		1.2 N	AME			
STREET ADDRESS	15805 SW 82ND COURT		1.3 S	TREET	ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL			ITY-S1	r-ZIP		
TITLE	S	☐ DELET	TE 2.1 T	ITLE		☐ Chang	Addition
NAME	PHANG, GLORIA	<del>_</del>		AME			į
STREET ADDRESS	15805 SW 82ND COURT		2.3 8	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.40	2.4 CITY-ST-ZIP		•	
TITLE	1710 1710 1 C	☐ DELET				☐ Chang	Addition
NAME			3.2 N	AME		•	
STREET ADDRESS			3.3 9	TREE1	ADDRESS	· ••	}
CITY-ST-ZIP			3.4.	OTTY-S	T-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 repeiver 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 affactment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

☐ DELETE

3/1/99 . Date

Daytime Phone #

Change

Change

☐ Change