PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 583135

1. Corporation Name

NEW WO	ORLD BUSINESS CONSUL	TANTS, INC.				
Principal Place	of Business	Mailing Address				(168/8) Brids (8/08 1/18) (1808 1/18) Brits and Carrier and Carrier and
7441 SW 125 AVE. 7441 SW 125 AVE. MIAMI FL 33183 MIAMI FL 33183						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/23/1978
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1886432 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				_		5. Certificate of Status Desired See Required
22		27				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country			try		8. This corporation owes the current year Intangible
24	25	29 30	0	•		Personal Property Tax. Yes No
	g. Name and Address of Curre					10. Name and Address of New Registered Agent
SILVI	ERMAN, GERALD	•			Name	And an Day Manharia Nas Accordables
28 W. FLAGLER ST., STE. 300				82 Street Addr		Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130			8	33		
			8	34 (City	FL 85 Zip Code
l office or r	to the provisions of Sections 607.0t egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was auth	nonzęd b	ov tne	amed co e corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	ant and little if applicable (NOTE: D	enistered As	and tie	ianature rea	required when reinstating) DATE
	12. OFFICERS AND DIRECTORS 13.			yenn an	griatara req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		1.1 TITLE		Change Addition
NAME	COBO, FRANK J.		1.2 NAME			,
STREET ADDRESS	7441 SW 125 AVE.		1.3 STREET		DRESS	
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-ST-ZIP		JP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAMI	E		
STREET ADDRESS		•	- 2.3 STRE		ORESS	
CITY-ST-ZIP			2.4 CITY-		ZIP	
TILE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME 3.2.1		3.2 NAM	E			
STREET ADDRESS 3.3		3.3 STRE	EET AD	ODRESS		
CITY-ST-ZIP			3,4, CITY		ZIP	
TITLE		☐ DELETE	4.1 TITLE	E		Change Addition

CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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

6.4 CITY-ST-ZIP

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

DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90133 018 ***150.00