FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 754142

(8)

NEW WORLD FESTIVAL, INC.						
Principal Place of Business Mailing Address					1 (4 0 th 1 10 0 th 1 11 11 0 10 th 1 11 0 10 10 10 10 10 10 10 10 10 10 10	D TEBR BIRDE MEDIE MEDIE MENTE RERET MEDIE 1880
1008 ALHAMBRA CIRCLE CORAL GABLES FL 33134 US 1008 ALHAMBRA CIRCLE CORAL GABLES FL 3313 US US						
00		00			3. Date Incorporated or Qualified 09/11/1980	3a. Date of Last Report 04/12/1995
Principal Place of Business 2a. Mailing Addre			SS		4. FEI Number	Applied For
21		26			59-2071138	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & Stale						- Fee Required
23	· · · · · · · · · · · · · · · · · · ·				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ	Country Z _i p		Count	ry	8. This corporation has liability for in	· - ·
24	25	25 29 30] Yes □ No
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent
			16	1 Name		
VOLSKY, GEORGE				2 Street Add	ress (P.O. Box Number is Not Acceptabl	le)
1008 ALHAMBRA CIRCLE			18	2		
CUM	AL GABLES FL 33134		*	3		
			8	4 City		FL 85 Zip Code
or regi	ant to the provisions of Sections 617.05 stered agent, or both, in the State of Fik r with, and accept the obligations of, Se	orida. Such change was auth	orized by the co	l-named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	nose of changing its registered office
SIGNATUR		otion of ricodo, Honda Stati	ates.			
SIGNATUR	Signature, typed or printed name of registered ag	ent and bile if applicable	(NOTE: Registered A	jerit signature require	d when reinstating)	DATE
12.		OFFICERS AND DIRECTORS		1	ADD/TIONS/CHANGES TO OFFI	
TITLE	PD DELETE		11 Titul			Change Addition
NAME CIRCL ADDRE	THOMSON, PARKER D ONE SOUTHEAST THIRD AVE., 17TH FLOOR		1.2 NAM			
STREET ADDRE	MISSI EL COSOS			ET ADDRESS		
CITY - ST - ZIP	VD VD			-ST-ZIP		☐ Change ☐ Addition
NAME	VOLSKY, GEORGE		2 1 TITLI 2 2 NAM			
STREET ADORE	4000 ALLIAMEDIA CIDCLE			ET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33134			-ST-ZIP		
TITLE	STD	STD DELETE				Change Addition
NAME	COOPER, FRANK		3 2 NAM	E		
STREET ADORE			3 3 STRE	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134			-ST-ZIP		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME CERSEL ADDRE	25		4 2 NAN			
STREET ADDRE	22			ET ADDRESS		
CITY - ST - ZIP	DELETE		4.4 CITY 5.1 TITLE			Change Addition
NAME			5 2 NAM	ľ		
STREET ADDRE	ss			ET ADDRESS		
CITY-ST-ZIP			5.4 CHY			
THILE	DELETE		61 Titul			☐ Change ☐ Addition
NAME	ł		6 2 NAM	E		
STREET ADDRE	ss		6 3 STAE	ET ADDRESS		
CITY-ST-ZIP			6 4 CITY			
14. I do he certify oath; ti appear	reby certify that the information supplie that the information indicated on this ar hat I am an officer or director of the cor is in Block 12 or Block 13 f zhandad, c	d with this filing is voluntarily nual report or supplemental poration or the repeive on tri or of an attachment with an i	urnished and do annual report is idea empowere ipdress	es not qualify fi true and accura d to execute thi	for the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 617, Flo	07(3)(k), Florida Statutes. I further same legal effect as if made under orida Statutes; and that my name

SIGNATURE: _

ATUR AND TYPED OR PRINTED TAME OF STUNING OFFICER OR DIRECTOR

Jan. 22, 1996

305 444-4755

Daytime Phone #

CR2E037