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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 754142 (8)
1. Corporation Name
NEW WORLD FESTIVAL, INC.



Principal Place of Business: 1008 ALHAMBRA CIRCLE, CORAL GABLES FL 33134, US
Mailing Address: 1008 ALHAMBRA CIRCLE, CORAL GABLES FL 33134, US

3. Date Incorporated or Qualified: 09/11/1980
4. FEI Number: 59-2071138
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (23)
Zip (24) Country (25)
City & State (27)
Zip (28) Country (29)

9. Name and Address of Current Registered Agent
VOLSKY, GEORGE
1008 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE: PD THOMSON, PARKER D
1.2 NAME: ONE SOUTHEAST THIRD AVE., 17TH FLOOR
1.3 STREET ADDRESS: MIAMI FL 33131
1.4 CITY-ST-ZIP: [] DELETE
2.1 TITLE: VD VOLSKY, GEORGE
2.2 NAME: 1008 ALHAMBRA CIRCLE
2.3 STREET ADDRESS: CORAL GABLES FL 33134
2.4 CITY-ST-ZIP: [] DELETE
3.1 TITLE: STD COOPER, FRANK
3.2 NAME: 907 ALHAMBRA CIRCLE
3.3 STREET ADDRESS: CORAL GABLES FL 33134
3.4 CITY-ST-ZIP: [] DELETE
4.1 TITLE: [] DELETE
4.2 NAME: [] DELETE
4.3 STREET ADDRESS: [] DELETE
4.4 CITY-ST-ZIP: [] DELETE
5.1 TITLE: [] DELETE
5.2 NAME: [] DELETE
5.3 STREET ADDRESS: [] DELETE
5.4 CITY-ST-ZIP: [] DELETE
6.1 TITLE: [] DELETE
6.2 NAME: [] DELETE
6.3 STREET ADDRESS: [] DELETE
6.4 CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: [] Change [] Addition
1.3 STREET ADDRESS: [] Change [] Addition
1.4 CITY-ST-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-ST-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Volsky* GEORGE VOLSKY 01/05/98 (205) 4444755

CR2E037 (10/97)