

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F93000002907 (4)**

1. Corporation Name
NEW TRADEWINDS CORPORATION

Principal Place of Business 16301 N.W. 15TH AVENUE MIAMI FL 33169	Mailing Address 201 SAMSONITE BLVD. P.O. BOX 189 MURFREESBORO TN 37133-0189
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0417770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE CD	DITRI, ARNOLD
NAME	15 VALLEY DR., 3RD FLOOR
STREET ADDRESS	GREENWICH CT 06831
CITY- ST- ZIP	
TITLE DV	MCKELVIE, ALASTAIR
NAME	15 VALLEY DRIVE, 3RD FLOOR
STREET ADDRESS	GREENWICH CT 06831
CITY- ST- ZIP	
TITLE DVT	HURSHMAN, JOHN
NAME	15 VALLEY DRIVE, 3RD FLOOR
STREET ADDRESS	GREENWICH CT 06831
CITY- ST- ZIP	
TITLE P	ECHOLS, WILLIAM
NAME	201 SAMSONITE BLVD.
STREET ADDRESS	MURFREESBORO TN 37133
CITY- ST- ZIP	
TITLE VS	PLOTKIN, ALAN
NAME	15 VALLEY DRIVE
STREET ADDRESS	GREENWICH CT 06831
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DITRI, ARNOLD	
1.3 STREET ADDRESS 201 SAMSONITE BLVD	
1.4 CITY- ST- ZIP MURFREESBORO, TN 37129	
2.1 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MCKELVIE, ALASTAIR	
2.3 STREET ADDRESS 201 SAMSONITE BLVD.	
2.4 CITY- ST- ZIP MURFREESBORO, TN 37129	
3.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME HURSHMAN, JOHN	
3.3 STREET ADDRESS 201 SAMSONITE BLVD.	
3.4 CITY- ST- ZIP MURFREESBORO, TN 37129	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME VS	
5.3 STREET ADDRESS PLOTKIN, ALAN	
5.4 CITY- ST- ZIP 645 FIFTH AVE	
5.4 CITY- ST- ZIP NEW YORK, NY 10022	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: _____ (Signature) 4/17/95 (6:55) 848-2231 (Typed Name and Title)
Date: _____ (Date)