FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G42234 (6)

1. Corporation Name

NEW CENTURY ENTERPRISE, INC.

Principal Place of Business	Mailing Address
5400 N W 22 AVENUE SUITE 701 MIAMI FL 33142	5400 N W 22 AVENUE SUITE 701 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1983	3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0017020	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
HEPBURN, GEORGE E, JR 2126 NW 47TH TERR MIAMI FL 33142	81 Name SHARON Y. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 19085 N.W. 62 AVENUE 83 #204 84 City MIAMI FL 85 Zip Code 33015

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 [signature] DATE 4-5-95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 1 TITLE	[ ] Change [ ] Addition
NAME	CULVER, SULLIVAN C	1 2 NAME	
STREET ADDRESS	4513 NW 33RD AVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	PD	2 1 TITLE	[ ] Change [ ] Addition
NAME	WELTERS, WARREN W SR	2 2 NAME	300001424368 -05/04/95--01008--014 ****208.75 ****208.75
STREET ADDRESS	4634 NW 27TH AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	[X] Change [ ] Addition
NAME	GABRIEL, ROBERT C	3 2 NAME	5/1/95 MB
STREET ADDRESS	1732 N W 59TH ST	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3 4 CITY-ST-ZIP	
TITLE	A	4 1 TITLE	[ ] Change [ ] Addition
NAME	EVANS, DINA K	4 2 NAME	
STREET ADDRESS	6790 NW 186 STR, STE 515	4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	
TITLE	MD	5 1 TITLE	[X] Change [ ] Addition MD
NAME	HEPBURN, GEORGE E, JR	5 2 NAME	SHARON Y. WILLIAMS
STREET ADDRESS	2126 NW 47TH TERR	5 3 STREET ADDRESS	19085 N.W. 62 AVE, #204
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	MIAMI, FL 33015-5021
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SHARON Y. WILLIAMS, DIRECTOR (305)636-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #