FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

199651-96 B- 64954 C

DOCUMENT # G42234 (6)

1. Corporation Name
NEW CENTURY ENTERPRISE, INC.

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

Mailing Address
5400 N W 22 AVENUE
SUITE 701
MIAMI FL 33142

3. Date Incorporated or Qualified: 06/06/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0017020 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WILLIAMS, SHARON Y
19085 N.W. 62 AVENUE
#204
MIAMI FL 33015

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 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 (typed or printed) of individual signer (if applicable) (see instructions)
NOTE: Registered Agent Signature required when registering
DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	CULVER, SULLIVAN C	
STREET ADDRESS	4513 NW 33RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☒ DELETE
NAME	WELTERS, WARREN W SR	
STREET ADDRESS	4634 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	GABRIEL, ROBERT C	
STREET ADDRESS	1732 N W 59TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	A	☒ DELETE
NAME	EVANS, DINA K	
STREET ADDRESS	6790 NW 186 STR, STE 515	
CITY-ST-ZIP	MIAMI FL	
TITLE	MD	☐ DELETE
NAME	WILLIAMS, SHARON Y	
STREET ADDRESS	19085 N.W. 62 AVE., #204	
CITY-ST-ZIP	MIAMI FL 33015-5021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V. Pres.	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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, or 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 a 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: Sharon Y Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 (305) 636-2222
Date Daytime Phone #

CR2E034 (12/95)