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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K49276

(4)

1. Corporation Name

NEWPORT FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

% RICHARD REPOSA
2929 E. COMMERCIAL BLVD., SUITE 409
FT. LAUDERDALE FL 33308

% RICHARD REPOSA
2929 E. COMMERCIAL BLVD., SUITE 409
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

11/22/1988

3a. Date of Last Report

03/01/1994

4. FEI Number

65-0089079

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

9. Does corporation have pending for nonpayment tax under 22, 23 or 24
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State App # etc

26. State App # etc

22. City & State

27. City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REPOSA, RICHARD A.
2929 E. COMMERCIAL BLVD. #409
FT. LAUDERDALE FL 33308

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 607.04(2) and 607.15(6), 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 provisions of Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent or officer, director

Signature of person accepting appointment as registered agent or director

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.04(2), Florida Statutes. I further certify that the information is disclosed on the annual report or supplemental annual report as required by statute 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305) 491-1950