

963 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M03649 (4)
1. Corporation Name
NGMC FINANCE CORPORATION, IV



Principal Place of Business
**700 NW 107TH AVENUE
MIAMI FL 33172**

Mailing Address
**700 NW 107TH AVENUE
MIAMI FL 33172**

3. Date Incorporated or Qualified
08/07/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2433347

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

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

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

9. Name and Address of Current Registered Agent
**WATSKY, MORRIS J. ESQUIRE
700 NW 107TH AVE.
MIAMI FL 33172**

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 607.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	MILLER, LEONARD		1.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		1.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		1.4 CITY- ST- ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change	☒ Addition
NAME	BOLOTIN, IRVING		2.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		2.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		2.4 CITY- ST- ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change	☒ Addition
NAME	COLE, ROBERT B.		3.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		3.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		3.4 CITY- ST- ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change	☒ Addition
NAME	PEKOR, ALLAN		4.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		4.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		4.4 CITY- ST- ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	☒ Change	☐ Addition
NAME	KAMINSKY, NANCY		5.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		5.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		5.4 CITY- ST- ZIP		
TITLE	VS	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	REED, LINDA		6.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		6.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		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)(g), 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: *Debra Modist* **4/12/96 (305) 229-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)