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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M28028

(2)

1. Corporation Name

NEWPORT INTERNATIONAL CORP.

Principal Place of Business

6465 S.W. 135 AVE.
MIAMI FL 33183
US

Mailing Address

6465 S.W. 135 AVE.
MIAMI FL 33183-5020
US



3. Date Incorporated or Qualified

02/27/1986

3a. Date of Last Report

08/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2650640

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

PINTO, FRANCISCO
14618 S.W. 94TH LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name FRANCISCO PINTO

82 Street Address (P.O. Box Number is Not Acceptable)
6465 S.W. 135 AVE

83

84 City MIAMI FL 85 Zip Code 33183

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME PINTO, FRANCISCO
STREET ADDRESS 6465 S.W. 135 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME PINTO, FRANCISCO
STREET ADDRESS 6465 S.W. 135 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered agent or authorized person 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 in an address block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0240185

CR2E034 (9/96)