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 12 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M45549** **(6)**

1. Corporation Name
NUEVO MUNDO DADE HOLDING INC.

Principal Place of Business	Mailing Address
% OWEN S. FREED 150 W. FLAGLER ST. #2200 MIAMI FL 33130	% OWEN S. FREED 150 W. FLAGLER ST. #2200 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1987**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2759181** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREED, OWEN S.
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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 _____ DATE
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	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	ZUBILLAGA, JUAN LUIS	12 NAME	Zubillaga, Juan Luis
STREET ADDRESS	~~CALLE AGUA 27 PEDREGAL~~	13 STREET ADDRESS	160 Solano Prado
CITY-ST-ZIP	~~MEXICO 20, MEXICO~~	14 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	~~DE ZUBILLAGA, MARIA D.A.~~	22 NAME	DE ZUBILLAGA, MARIA D.A.
STREET ADDRESS	~~CALLE AGUA 27 PEDREGAL~~	23 STREET ADDRESS	160 Solano Prado
CITY-ST-ZIP	~~MEXICO 20, MEXICO~~	24 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	FREED, OWEN S.	32 NAME	
STREET ADDRESS	550 PUERTA	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5/12/95 MB

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****225.00 ****225.00

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: _____ OWEN S. FREED Attorney at Law 5/10/95 789247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

012700 CP