


FILED

Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 004 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000959 1. Corporation Name NEW ALTERNATIVES, INC. (NAI)			
Principal Place of Business NAI CENTER, 1073 N.E. 125th ST., NORTH MIAMI, FL. 33161		Mailing Address NAI CENTER, 1073 N.E. 125th ST., NORTH MIAMI, FL. 33161	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 1073 NE 125th STREET	26 P.O. Box 612681	2/23/96	
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State FL, NORTH MIAMI	28 City & State N. MIAMI, FL.	65-0677561	Not Applicable
24 Zip 33161 25 DADE	29 Zip 33261 30 DADE	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VICTOR M. ENAHORO (D) 9965 MIRAMAR PKWY, #212 MIRAMAR, FL. 33025		CHIDI M. ENAHORO (D) 1073 N.E. 125th ST., NORTH MIAMI FL 33161	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		DATE 7/29/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE (D)	<input type="checkbox"/> DELETE VICTOR ENAHORO, PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9965 MIRAMAR PKWY, #212	1.2 NAME	
STREET ADDRESS	MIRAMAR, FL 33025	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE (D)	<input type="checkbox"/> DELETE CHIDI ENAHORO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	2.2 NAME	
STREET ADDRESS	1073 N.E. 125th ST. N. MIA	2.3 STREET ADDRESS	
CITY-ST-ZIP	FL 33161	2.4 CITY-ST-ZIP	
TITLE (T)	<input type="checkbox"/> DELETE GLORIA ASIKA, DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9965 MIRAMAR PKWY, #212	3.2 NAME	
STREET ADDRESS	MIRAMAR, FL 33025	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE (T)	<input type="checkbox"/> DELETE ANENE EJIKEME, DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1073 N.E. 125th ST. N. MIA	4.2 NAME	
STREET ADDRESS	FL 33161	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* CHIDI ENAHORO, J.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/99 (305) 710-2100

CR2E037 (11/98)