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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90069 004 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005272					
1. Corporation Name NEW FUTURA CORPORATION #12					
Principal Place of Business 201. 203. 205. 207 NE 141ST STREET UNIT 4 MIAMI FL 33162 US			Mailing Address 920 N.E. 169TH STREET CONDO UNIT # 115 NORTH MIAMI BEACH FL 33162 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/17/1997 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STERN, JACOB A 920 N.E. 169TH STREET CONDO UNIT # 115 NORTH MIAMI BEACH FL 33162			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 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>Jacob Stern</i> DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PD NAME STERN, JACOB A STREET ADDRESS 920 N.E. 169TH STREET UNIT #115 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE D NAME STERN, DAVID STREET ADDRESS 920 N.E. 169TH STREET UNIT #203 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE D NAME MURRAY, EDWARD STREET ADDRESS 920 N.E. 169TH STREET UNIT #201 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Jacob Stern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99
Date

305-695-6666
Daytime Phone #

CR2E037 (1/98)