


FILE NOW: FILING FEE IS \$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	

FILED
 99 DEC -9 AM 9: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 201, 205, 203, 207 NE 141 ST Unit 4 Miami FL 33162	Mailing Address 201 NE 141 STREET N. MIAMI FL 33161
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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	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
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name EDWARD MURRAY 82 Street Address (P.O. Box Number is Not Acceptable) 201 NE 141 STREET 83 84 City N. MIAMI FL 85 Zip Code 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 **Edward Murray PD** **EDWARD MURRAY PD** **12/6/99**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED MURRAY	1.2 NAME	EDWARD MURRAY
STREET ADDRESS	201 NE 141 ST	1.3 STREET ADDRESS	201 NE 141 ST
CITY-ST-ZIP	N. MIA FL 33161	1.4 CITY-ST-ZIP	N. MIA FL 33161
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD	2.2 NAME	DS
STREET ADDRESS	JACOB A STERN	2.3 STREET ADDRESS	ESTHER L PATRICK
CITY-ST-ZIP	920 NE 169 ST #115	2.4 CITY-ST-ZIP	201 NE 141 ST
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	3.2 NAME	CYNTHIA SANDS
STREET ADDRESS	DAVID STERN	3.3 STREET ADDRESS	207 NE 141 ST
CITY-ST-ZIP	920 NE 169 ST #203	3.4 CITY-ST-ZIP	N. MIA FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD MURRAY	4.2 NAME	200003079192-3
STREET ADDRESS	201 NE 141 ST	4.3 STREET ADDRESS	-12/23/99--01041--014
CITY-ST-ZIP	N. MIA FL 33161	4.4 CITY-ST-ZIP	*****61.25 *****61.25
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: **Edward Murray** **12/6/99** **305-893-2726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

SP