

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000032835 (9)**

1. Corporation Name

**NEW DEVELOPMENT CORP.**

Principal Place of Business

**5722 S FLAMINGO RD #137  
COOPER CITY FL 33330**

Mailing Address

**5722 S FLAMINGO RD #137  
COOPER CITY FL 33330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1993**

3a. Date of Last Report

**07/08/1994**

4. FEI Number

**65-0411713**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IZQUIERDO, LOUIS  
5722 S FLAMINGO RD #137  
COOPER CITY FL 33330**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>D</b>                       |
| NAME            | <b>IZQUIERDO, LOUIS</b>        |
| STREET ADDRESS  | <b>5722 S FLAMINGO RD #137</b> |
| CITY - ST - ZIP | <b>COOPER CITY FL 33330</b>    |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 has been truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this document 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 of the corporation; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOUIS IZQUIERDO**

**4/24/95**

**305 235 8200**

Exdu

Daytime Phone