## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071450 (9)

NEW CENTURY OF MIAMI, CORP.

Principal Place of Business

DADE

25

67 STREET 26

9. Name and Address of Current Registered Agent

9960 NW 51 LN MIAMI FL 33178

City & State

MIAM

SIGNATURE:

2. Principal Place of Business

11090 N.W.

Mailing Address

9980 NW 51 LN MIAMI FL 33178

2a. Mailing Address

City & State

 $M(\Delta M)$ 

11090 NW

Suite, Apt. #, etc.

29

## **FILED** Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

**Z**-

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

Not Applicable

3. Date Incorporated or Qualified 10/14/1993

65:0438808

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

67 Street

Plonida

Country

DE LA CRUZ, ALEX				INDE LA CRUZ AIEX				
9980 NW 51 LN			82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33178			11090 N.W. 67 StrEET					
1			103				1	
			84 City	IMAIN		- 85 Zip	Code	
		COR CHECK CO. C.	<u> </u>				3176	
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 Storicture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			Registered Agent signature 13.		C/CUANGES TO	DATE OFFICERS AND DIRECTO	DC IN 12	
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CITY-ST-ZIP			6.4 CITY - ST-ZIP				ļ	
14. December 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 607, Florida Statutes; and that my name appears in								
Block 12 or Block 13 if changed, or on an attachment with an address								