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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000015482 (0)

DOCUMENT #

1. Corporation Name

NEWGOLD ENTERPRISES, INC.

FILED May 01 1996 8:00 am Secretary of State

		BARA BURU BURU I	(#124 alāt tād

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Principal Place of I	Business	Ma	iling Address							
P.O. BOX 570 MIAMI FL 332	323		P.O. BOX 570323 MIAMI FL 33257-0323			k 				
MIMMI PL \$36	A1.508A					3. Date Incorporated or Qualified 3a. Date of La 05/0			ast Report)1/1995	
2. Principal Place	of Euripage	28.	Mailing Address			4. FEI Number 65-0481430	Д		Applied For	
i. Prodipal Place	Ol Dúblioso	26				0070401430			Not Applicable Additional	
Suite, Apt. #, 6	ole.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	
		27	Ca . B. Chato			6. Election Campaign Financing		\$5.0	0 May Be	
City & State		28	City & State			Trust Fund Contribution			d to Fees	
7/0	Country		Zip	Cot	untry	8. This corporation has liability for i	intangiblé tax No	under s	199.032,	
Ζφ }	25	29		30		Plorida Statutes Yes 10. Name and Address of New R		gent		
1	9. Name and Address of Curre	nt Regis	stered Agent		81 Name	10. Name and Address of No.				
,					15 1	(C) O D Allember in Not Accountate	\ks)			
	SI, RAUL JR.				82 Street Addre	ldress (P.O. Box Number is Not Acceptable)				
	DADELAND BLVD.				83					
SUITE 1	1509 FL 33156				1			85 Z	ip Code	
					64 City	ation submits this statement for the pure of directors. I hereby accept the app	FL			
SIGNATURE si	Ignature - typod or printed name of registered ag OFFICERS A		CIORS	13		d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12	
TITLE	D		DELETE	1.1	TITLE		L			
	NEWMAN, BARRY			1.2	NAME					
NAME	m a may resona but				ALDEST ANDDERS					
	P.O. BOX 570323 N/A				STREET ADDRESS					
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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 logal 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 charged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR