

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 018 ***150.00

DOCUMENT # P94000033622

1. Corporation Name
NEUGINE OF AMERICA, INC.



Principal Place of Business

P. O. BOX 7413
SUITE D-107
FT. LAUDERDALE FL 33338
US

Mailing Address

P. O. BOX 7413
SUITE D-107
FT. LAUDERDALE FL 33338
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

65-0488666

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 P.O. Box 590296

2a. Mailing Address

26 P.O. Box 590296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SABAL PALM

27 SABAL PALM

City & State

City & State

23 FORT LAUDERDALE

28 FORT LAUDERDALE

24 FL33359 25 U.S.A.

29 FL33359 30 U.S.A.

9. Name and Address of Current Registered Agent

MAHON, TIMOTHY K
2929 E. COMMERCIAL BLVD.
PENTHOUSE E
FT. LAUDERDALE FL 33308

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PINTO, NESSIM
STREET ADDRESS 1211 NE 14TH AVE., #6
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME DE LA ROCHE, MARTA C
STREET ADDRESS 1211 NE 14TH AVE., #6
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PINTO, NESSIM
1.3 STREET ADDRESS 610, GARDENS DR #104
1.4 CITY-ST-ZIP POMPAHO BEACH FL 33069

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PINTO, MARTA C
2.3 STREET ADDRESS 610, GARDENS DR #104
2.4 CITY-ST-ZIP POMPAHO BEACH FL 33069

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 31ST/99

Date

(561) 944-4443

Daytime Phone #

CR2E034 (1/98)