FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000070320

1. Corporation Name: New Port Health Corp.

Principal Place of Business	Mailing Address
3400 NW 54 Street Miami, FL. 33142	P.O. Box 51-0403 Miami, FL. 33151-0403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/23/94
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
21/26	3400 NW 54 ST	P.O Box
Suite Apt. # etc 22/27		51-0403
City & State 23/28	Miami, FL	Miami FL
Zip 24/29	33142	33151
County 25/30	DADE	DADE

4. FEI Number: 65-0538475 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$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 § 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Roland Herce
82 Street Address (P.O. Box Number is Not Acceptable): 9837 SW 194 ST
83
84 City: Miami FL 85 Zip Code: 33157

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: X Roland Herce — 5-1-95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandated) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	VICTORIA GONZALEZ 5870 SW 8 ST #7 MIA, FL. 33144	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition Resigned
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☒ Addition D/P/S Dewey Knight III 829 NW 55 ST Miami, FL. 33127
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☒ Addition D/VP/T Roland Herce 9837 SW 194 ST Miami, FL. 33157
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition 300001483193 -05/10/95--01106--001
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition ****233.75 ****233.75
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition $ PAID

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: X Roland Herce — 5-1-95 — 305-335-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)