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Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90006 002 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000077756

1. Corporation Name

NEW BIT RELATIONS, INC.

Principal Place of Business

Mailing Address

600 N.E. 36th STREET, PH.#20
MIAMI, FLORIDA 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

2. Principal Place of Business

2a. Mailing Address

21 600 N.E. 36th STREET
Suite, Apt. #, etc.

26 600 N.E. 36th STREET
Suite, Apt. #, etc.

4. FEI Number

65-0698239

Applied For

Not Applicable

22 PH.#20

27 PH.#20

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 MIAMI FLORIDA
City State
Zip Country

28 MIAMI FLORIDA
City State
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33137 25 USA

29 33137 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DR. GIULIO MARONGIU
600 N.E. 36th STREET
#414
MIAMI, FL 33137

81 Name
MICHAEL CHOLOBEL

82 Street Address (P.O. Box Number is Not Acceptable)
1925 BRICKELL AVE. STE D-207

83

84 City MIAMI FL 85 Zip Code 33129

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

MICHAEL CHOLOBEL

09/09/1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME DR. MARONGIU GIULIO
STREET ADDRESS 600 N.E. 36th STREET, #414
CITY-ST-ZIP MIAMI, FL 33137

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DR. MARONGIU GIULIO
1.3 STREET ADDRESS 600 N.E. 36th STREET, PH.#20
1.4 CITY-ST-ZIP MIAMI, FL 33137

TITLE ☒ DELETE
NAME PRESIDENT
STREET ADDRESS MARONGIU MARCELLO
CITY-ST-ZIP 600 N.E. 36th STREET #414

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PRESIDENT
2.3 STREET ADDRESS MARONGIU MARCELLO
2.4 CITY-ST-ZIP 600 N.E. 36th STREET, PH.#20

TITLE ☐ DELETE
NAME MIAMI, FL 33137
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME MIAMI, FL 33137
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

PRESIDENT

Date

Daytime Phone #

09/09/99

(305) 573-2253

CR2E034 (11/98)