

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

7638

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -6 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015500 (8)

1. Corporation Name

NEWPORT SPECIALTIES, INC.



Principal Place of Business

Mailing Address

ONE POMPANO SQ
SUITE H9
POMPANO BEACH FL 33062

ONE POMPANO SQ
SUITE H9
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21 760 EAST MC NAB ROAD

26 760 E. MC NAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 POMPANO BEACH FL

28 POMPANO BEACH FL

24 Zip 33060

Country

29 Zip 33060

Country

9. Name and Address of Current Registered Agent

DA SILVA, CEDONIO / OFFICER
ONE POMPANO SQ
SUITE H9
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 OFFICER
NAME CEDONIO DA SILVA
STREET ADDRESS 760 E. MC NAB RD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE OFFICER
NAME ADRIANA NIETO
STREET ADDRESS 760 E. MC NAB RD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE OFFICER
NAME CONSTANZA NIETO
STREET ADDRESS 760 E. MC NAB RD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OFFICER - DIRECTOR
1.2 NAME CEDONIO DA SILVA
1.3 STREET ADDRESS 760 E. MC NAB RD
1.4 CITY-ST-ZIP POMPANO BEACH FL 33060

2.1 TITLE OFFICER - SECRETARY
2.2 NAME ADRIANA NIETO
2.3 STREET ADDRESS 760 E. MC NAB RD
2.4 CITY-ST-ZIP POMPANO BEACH FL 33060

3.1 TITLE OFFICER - TREASURER
3.2 NAME ADRIANA NIETO
3.3 STREET ADDRESS 760 E. MC NAB RD
3.4 CITY-ST-ZIP POMPANO BEACH FL 33060

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

(954) 785-0830

CR2E034 (3/96)