

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

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

05-06-1999 90092 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022765

1. Corporation Name
NEWCO IRRIGATION, INC.



Principal Place of Business 106 N BISCAYNE BLVD 601 MIAMI FL 33132 US	Mailing Address 106 N BISCAYNE BLVD 601 MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5800 SW 177 AVENUE Suite, Apt. #, etc. # 106 22 City & State 23 Miami, Fl 24 Zip 33193 25 Country	2a. Mailing Address 26 5800 SW 177 AVENUE Suite, Apt. #, etc. # 106 27 City & State 28 Miami, Fl 29 Zip 33193 30 Country
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3. Date Incorporated or Qualified 03/21/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0567281	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTIN, GREGORY A GREGORY A MARTIN & ASSOC PA 100 N BISCAYNE BLVD STE #601 MIAMI FL 33132

10. Name and Address of New Registered Agent 81 Name MARTIN GREGORY A 82 Street Address (P.O. Box Number is Not Acceptable) 5800 SW 177 Avenue # 106 83 84 City Miami, Fl 33193 FL 85 Zip Code
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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 *Gregory A. Martin* (NOTE: Registered Agent signature required when reinstating) DATE *4/28/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JESUS R	1.2 NAME	KIMBERLY MARTIN
STREET ADDRESS	100 N BISCAYNE BLVD., STE 601	1.3 STREET ADDRESS	5800 SW 177 AVENUE # 106
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	Miami, Fl 33193
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRETE, JOSE I JR	2.2 NAME	GREGORY A. MARTIN
STREET ADDRESS	100 N BISCAYNE BLVD STE 601	2.3 STREET ADDRESS	5800 SW 177 AVENUE# 106
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Miami, Fl 33193
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MARTIN, GREGORY A	3.2 NAME	
STREET ADDRESS	100 N BISCAYNE BLVD #601	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	
TITLE	COOD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	DEANS, MILTON	4.2 NAME	
STREET ADDRESS	100 N BISCAYNE BLVD #601	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 I am empowered.

SIGNATURE: *x Kimberly Martin* DATE: *4/28/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)