FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	L REPORT	Secret	B. Mortham tary of State CORPORATIONS		
DOCUM 1. Corporation Na	ENT # P95 (000030191 (7	")		
THE NEV	V ZEALAND COMPAN	IY		(18 0/18 De (18 30 18) Bleft Dâte Baier Baier	
Principal Place of	Busness	Mailing Address			
1902 SW DAY ST PORT ST LUCIE FL 34953		1902 SW DAY ST PORT ST LUCIE FL 34953			
				3. Date Incorporated or Qualified 04/13/1995	3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-33/7336	Applied For
Suite, Apt. #, e	etc.	26			Not Applicable 88.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$ 5.00 May Be
71)	Country	28]	Country	Trust Fund Contribution 8. This corporation has liability for int.	Added to Fees
24	25	29	30		No
	9. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
Kerr, Joh	ANI A				
1902 SW D			82 Street Ac	ldress (P.O. Box Number is Not Acceptable)	
	UCIE FL 34953		83		
			84 City		lac Zu Cada
			OT City		FL 85 Zip Code
 Pursuant to the or registered a 	ne provisions of Sections 607. agent, or both, in the State of	0502 and 607.1508, Florida Statute Florida. Such change was authorize	es, the above named corp ed by the corporation's bo	curation submits this statement for the purpo- pard of directors. Thereby accept the apposi-	se of changing its registered offici Iment as registered agent. Fam
SIGNATURE SHARE	ature, typed or printed name of registered	in agent and title if applicable (No.	TE Projectore L'Agrad soprat politico		07. <u>£</u>
SIGNATURE SIGNATURE	ature, typed or printed name of registered			ADDITIONS/CHANGES TO OFFICE	ONTE ERS AND DIRFCTORS IN 12 Change F Addition
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oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 5, or on an all achment with an address.

SIGNATURE:

SIGNATURE AND TYN D OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYN D OFF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYN D OFFICER OR DIRECTOR