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.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000038165 (3)**

1. Corporation Name

NEW WORLD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2538 LINCOLN AVE COCONUT GROVE FL 33133	2538 LINCOLN AVE COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **05/12/1995**
3a. Date of Last Report:
4. FEI Number: 65-0582537 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$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 s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3326 MARY ST	26 3326 MARY ST
Suite, Apt #, etc: 22 SUITE 601	Suite, Apt #, etc: 27 SUITE 601
City & State: 23 COCONUT GROVE, FL	City & State: 28 COCONUT GROVE, FL
Zip: 24 33133 Country: 25 ~~DADE~~ USA	Zip: 29 33133 Country: 30 U.S.A

9. Name and Address of Current Registered Agent

BELLAN, RAYMOND
2538 LINCOLN AVE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: BELLAN, RAYMOND
82 Street Address (P.O. Box Number is Not Acceptable): 3326 MARY ST SUITE 601
83
84 City: COCONUT GROVE **FL** 85 Zip Code: 33183

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 Raymond W. Bellan — DATE 7/1/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	BELLAN, RAYMOND	
STREET ADDRESS	2538 LINCOLN AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☐ Change ☐ Addition
1.2 NAME	BELLAN, RAYMOND	
1.3 STREET ADDRESS	3326 MARY ST SUITE 601	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001892482 -07/12/96--01067--011 ***225.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	7/12/96.	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	JD	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Raymond W. Bellan — 7/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #