

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000042420**

1. Corporation Name

Newco Management Group, Inc

Principal Place of Business

Mailing Address

**10544 NW 26 St.
Suite #104
Miami FL 33172**

3. Date Incorporated or Qualified

3a. Date of Last Report

May 31, 1995

2. Principal Place of Business

2a. Mailing Address

21 **10544 NW 26 ST.**

26 **10544 NW 26 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 104**

27 **# 104**

City & State

City & State

23 **Miami FL.**

28 **Miami FL.**

Zip

Country

Zip

Country

24 **33172**

25 **USA**

29 **33172**

30 **USA**

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Marvin I Wiener

***900**

2121 Ponce de Leon Blvd

Coral Gables FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Pres. & Director** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **Andres J. Garcia**

1.2 NAME

STREET ADDRESS **10544 NW 26 ST**

1.3 STREET ADDRESS

CITY-ST-ZIP **Miami FL 33172**

1.4 CITY-ST-ZIP

TITLE **Flavia LaCle Maieria** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **Vice-Pres. Secy & Director**

2.2 NAME

STREET ADDRESS **10920 NW So. River Dr.**

2.3 STREET ADDRESS

CITY-ST-ZIP **Miami FL 33178**

2.4 CITY-ST-ZIP

TITLE **Steven Maieria** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **Vice Pres, secy & Director**

3.2 NAME

STREET ADDRESS **10920 NW So. River Dr.**

3.3 STREET ADDRESS

CITY-ST-ZIP **Miami FL 33178**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

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 607, 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

Date

Daytime Phone #

305-592-0515

CR2E034 (12/95)