

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90194 030 ***150.00

DOCUMENT # P95000045600

1. Corporation Name

NEW HORIZON OF MIAMI, INC.

Principal Place of Business

855 EUCLID AVE.
SUITE 103
MIAMI BEACH FL 33139

Mailing Address

855 EUCLID AVE.
SUITE 103
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1995

4. FEI Number

65-0588548

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 20806 Highland Lakes Blvd
Suite, Apt. #, etc.

2a. Mailing Address

27 20806 Highland Lakes Blvd
Suite, Apt. #, etc.

City & State

23 Aventura, FL

City & State

28 Aventura, FL

Zip Country

24 33179

25

Zip Country

29 33179

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE SOUZA, GERSON G
855 EUCLID AVE.
SUITE 103
MIAMI BEACH FL 33139

81 Name

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

20806 Highland Lakes Blvd

83

84 City Aventura

FL

85 Zip Code

33179

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 P ☐ DELETE

NAME DE SOUZA, GERSON G
STREET ADDRESS 855 EUCLID AVE., #103
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME DE SOUZA, GERSON G
1.3 STREET ADDRESS 20806 HIGHLAND LAKES BLVD.
1.4 CITY-ST-ZIP Aventura, FL. 33179

TITLE ST ☐ DELETE

NAME ROCA, LUIS G
STREET ADDRESS 855 EUCLID AVE., #103
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME ROCA, LUIS G.
2.3 STREET ADDRESS 20806 HIGHLAND LAKES BLVD
2.4 CITY-ST-ZIP Aventura, FL. 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 119.073(1), 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERSON G. DE SOUZA, PRES (305) 792-4265

Date

Daytime Phone #

CR2E034 (1/98)