

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 # P95000053396 (4)

1. Corporation Name

NEWBRIDGE CORP.



Principal Place of Business

1500 HERNDON AVENUE  
DELTONA FL 32725

Mailing Address

1500 HERNDON AVENUE  
DELTONA FL 32725

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 519-NARDELLO DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 6176

Suite, Apt. #, etc.

4. FEI Number

59-3327036

Applied For

Not Applicable

22 City & State

23 DELTONA, FL

Zip

24 32725

Country

25 Volusia

27 City & State

28 DELTONA, FL

Zip

29 32728

Country

30 Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

IGNACIO, OSCAR

1500 HERNDON AVENUE  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

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

519-NARDELLO DR.

83 DELTONA, FL

84 City

FL

85 Zip Code

32725

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 date of appointment

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
IGNACIO, OSCAR  
STREET ADDRESS 1500 HERNDON AVENUE  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

NAME D  
ACEVEDO, ELSA V  
STREET ADDRESS 1500 HERNDON AVENUE  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

519-NARDELLO DR.  
DELTONA, FL 32725

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

519-NARDELLO DR.  
DELTONA, FL 32725

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

4-12-96

407 574-1296

CR2E034 (12/95)