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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
~~519 NARDELLO DR~~ DELTONA FL 32725 US	PO BOX 6176 DELTONA FL 32728-6176 US

3. Date Incorporated or Qualified: 07/05/1995
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21: 841- WESTBROOK TER.
22: Suite, Apt. #, etc
23: City & State: DELTONA, FL
24: Zip: 32725
25: Country: VOLUSIA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3327036 ☐ 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

IGNACIO, OSCAR
~~519 NARDELLO DR~~
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 841- WESTBROOK TER.
83:
84 City: DELTONA 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 of new registered agent, if changed, or of present registered agent, if unchanged) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	IGNACIO, OSCAR	1.2 NAME	ADDRESS
STREET ADDRESS	~~519 NARDELLO DR~~	1.3 STREET ADDRESS	841- WESTBROOK TER.
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ACEVEDO, ELSAR V	2.2 NAME	ADDRESS
STREET ADDRESS	~~519 NARDELLO DR~~	2.3 STREET ADDRESS	841- WESTBROOK TER.
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 added in connection with an address.

SIGNATURE: Oscar Ignacio — Mar. 10, 1997 — 407-574-1296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079153