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 # **P95000064963 (8)**

1. Corporation Name

NEW FUTURE USA CORPORATION

Principal Place of Business	Mailing Address
~~34 SE 2ND AVE., #610 MIAMI FL 33131~~	~~34 SE 2ND AVE., #610 MIAMI FL 33131~~

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report:
4. FEI Number: 65-0609412 ☐ 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
21 121 SE 1ST STREET	26 121 SE 1ST STREET
22 Suite, Apt. #, etc. #912/913	27 Suite, Apt. #, etc. #912/913
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33131 25 Country	29 Zip 33131 30 Country

9. Name and Address of Current Registered Agent

METIDIERI, FRANCISCO R
34 SE 2ND AVE., #610
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CHETTO DANIELLE F
82 Street Address (P.O. Box Number is Not Acceptable) 2500 NE 135 ST APT 1105
83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33149

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] 2/12/96
Signature, typed or printed name of registered agent and the date of signature — NOTE: Registered Agent's signature required; witness not required — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	~~DELETE~~
NAME	METIDIERI, FRANCISCO R	WILL STAY AS IS, NO CHANGE
STREET ADDRESS	34 SE 2ND AVE., #610	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVT	☐ DELETE
NAME	CHETTO, DANIELLE F	
STREET ADDRESS	2500 NE 135 ST., APT. 1105	
CITY-ST-ZIP	NORTH MIAMI FL 33149	
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	VICE PRESIDENT	☒ Change ☐ Addition
1.2 NAME	CHETTO, DANIELLE F	
1.3 STREET ADDRESS	2500 NE 135 ST. APT 1105	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH 33149	
2.1 TITLE	~~VICE P. TREASURER~~	☐ Change ~~☒ Addition~~
2.2 NAME	~~EMILIA NEVES DA COSTA~~	
2.3 STREET ADDRESS	~~2500 NE 135 ST, APT 1105~~	
2.4 CITY-ST-ZIP	~~NORTH MIAMI BEACH, FL 33149~~	
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: [signature] 2/12/96 305-358-3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #