

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076888 (3)

1. Corporation Name

NEW CENTURY MARKETING, INC.



Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2666 Tiger Tail Avenue

26 2666 Tiger Tail Avenue

4. FEI Number
65-0617113

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 Suite 109

27 Suite 109

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

City & State

23 Miami, Fla.

28 Miami, Fla.

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

Zip

Zip

Country

24 33133

Country
25 Dade

29 33133

Country
30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDINKEL, NESTOR B
7 N.W. 2ND STREET
#201
MIAMI FL 33128

81 Name
Nestor B. Gorfinkel

82 Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse

83 Suite 401

84 City
Bay Harbor Islands

FL 85 Zip Code
33154

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

Judith Wibel

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Judith Wibel	
13 STREET ADDRESS	2666 Tiger Tail Avenue, Suite 109	
14 CITY - ST - ZIP	Miami, Fla. 33133	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	400001915954	
52 NAME	-08/08/96--01018--003	
53 STREET ADDRESS	***225.00	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith Wibel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.23.96 (305) 373-7355

CR2E034 (3/96)