

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 # P95000088962 (2)

1. Corporation Name

AMERICA NEW BUSINESS CORP.

Principal Place of Business

501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131



3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 25 S.E. 2nd Avenue

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 1139

City & State

23 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

Zip

28

Country

30

4. FEI Number

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

SLOSBERGAS, NELSON  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, etc.)

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GALEBE, LUIS A  
STREET ADDRESS 501 BRICKELL KEY DR. SUITE 400  
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE D  
NAME GIGLIO, RICARDO D  
STREET ADDRESS 501 BRICKELL KEY DR. SUITE 400  
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME GALEBE, LUIZ A ☒ Change ☐ Addition  
1.3 STREET ADDRESS 25 S.E. 2nd Avenue, Suite 1139  
1.4 CITY-ST-ZIP miami, Florida 33131

2.1 TITLE DVPS  
2.2 NAME DEL GIGLIO, RICARDO ☒ Change ☐ Addition  
2.3 STREET ADDRESS 25 S.E. 2nd Avenue, Suite 1139  
2.4 CITY-ST-ZIP Miami, Florida 33131

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
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 ☐ Change ☐ Addition  
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; 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 changing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Slosbergas 4/30/96 (305) 374-0038

Date

Daytime Phone #

CR2E034 (12/95)