FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOOORSQ62

Principal Place of Business	Mailing Address
25 S.E. 2ND AVENUE STE 502 MIAMI FL 33131 US	501 BRICKELL KEY DRIVE Suite 400 Miami FL 33131
2. Principal Place of Business	2a. Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90025 001 ***150.00

1. Corporation	n Name	000002				
AMERICA NEW BUSINESS CORP.						
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Principal Plac	e of Rusiness	Mailing Address		\	TIOS INSOLITATION IN INCIDENT	
} `		<u>-</u>				
25 S.E. 2ND A STE 502	VENUE	501 BRICKELL KEY DRIVE SUITE 400		-		
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
US			3. Date Incorporated or Qualifed			
				11/20/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
21		26		65-0625983	<u> </u>	Applicable_
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Red	
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00	vlav Be
23	· · ·	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Current		× 0	10. Name and Address of New Register	ed Agent	
			81 Name	0-0-12-6-6	``	
SLO	SBERGAS, NELSON	•	TITHN	NO NEL A INTIO		
	BRICKELL KEY DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)(110 305	ſ
	E 400		83 20 0 10	WILLELL WELL MAINE AL	1110 101	
	WI FL 33131		[]		·	
]			84		85 2ip)C	dde /
<u> </u>		0 10074500 51-24-0144	PILAM	· · _ · _ ·		191
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	z and 607.1508, Florida Statute: of Florida. Such change was au	s, the above-named corp thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	,		
SIGNATURE						
	Signature, typed or printed name of registered agent		Registered Agent signature required			20 (1) (2)
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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NAME	GALESE THE		1.2 NAME		•	}
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TITLE	DVS	☐ DETELE	2.1 TITLE			
NAME	DEL GIGLIO, RICARDO A				Change	Addition
STREET ADDRESS	. 25 S.E. 2ND AVENUE, SUITE 1		2.2 NAME		☐ Change	∐ Addition }
CITY-ST-ZIP		139	2.2 NAME 	yan iç. wa. opması ° ¢.	Change	Addition
	MIAMI FL 33131			yan se was a samas sa es		
ITTLE	MIAMI FL 33131	139 □ DELETE	.2.3 STREET ADDRESS	yan iç. Gar aparayız a	Change	Addition
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14. I 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 employered 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, with all other like empowered.

SIGNATURE

Maunam OFFICER OR DIRECTOR