

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 # P96000020059

1. Corporation Name
NYC & ASSOCIATES, INC.

Principal Place of Business
2839 YUMA AVENUE
NORTH PORT FL 34287

Mailing Address
14949 TAMiami TRAIL UNIT 122
NORTH PORT FL 34287

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
82 Spiegel & Utrera, P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
84 343 Almeria Avenue
85 City Coral Gables FL 33134

11. Pursuant to the provisions of Sections 607.05 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to the office or agent shown below. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: *Natalia Utrera*
Signature typed: **Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARADIS, VALLIER S
STREET ADDRESS 2839 YUMA AVENUE
CITY-STATE-ZIP NORTH PORT FL 34287

TITLE STD
NAME PARADIS, LAURA S
STREET ADDRESS 2839 YUMA AVENUE
CITY-STATE-ZIP NORTH PORT FL 34287

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] 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)(c), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Val Paradis
VAL PARADIS

Date

4-1-99

Exemption Paid

800-206-5468

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