


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000025013 (9) 1. Corporation Name NEWPORT ASSOCIATES INC.			
Principal Place of Business 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181		Mailing Address 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181	
2. Principal Place of Business 21 7431 Coquina Drive Suite, Apt. #, etc. 22 City & State 23 N. Bay Village, FL Zip 24 33141		2a. Mailing Address 26 7431 Coquina Drive Suite, Apt. #, etc. 27 City & State 28 N. Bay Village, FL Zip 29 33141	
g. Name and Address of Current Registered Agent PFEFFER, OLIVER 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City N. Bay Village FL 85 Zip Code 33141	
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 <i>W.C.B. Pfeiffer</i> DATE 8-11-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President NAME OLIVER PFEFFER STREET ADDRESS 7431 Coquina Drive CITY-ST-ZIP North Bay Village FL 33141		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Sec. Treas. D NAME Jennifer Pfeiffer STREET ADDRESS 7431 Coquina Drive CITY-ST-ZIP North Bay Village, FL 33141		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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 <i>W.C.B. Pfeiffer</i> DATE 8-11-97 759-1491			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1996
3a. Date of Last Report

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

CR2E034 (4/97)