

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
FEB 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049062 (8)

1. Corporation Name  
NEW COMPANY BUSINESS OF MIAMI, INC.

Principal Place of Business

7370 N.W. 36TH ST.  
SUITE NO. 319-B  
MIAMI FL 33166

Mailing Address

7370 N.W. 36TH ST.  
SUITE NO. 319-B  
MIAMI FL 33166-6726

3. Date Incorporated or Qualified  
06/07/1996

3a. Date of Last Report

4. FEI Number

05-0070203

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

COSTA, ARUDY P  
7370 N.W. 36TH STREET  
SUITE 319-B  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

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 further authorized to execute the necessary documents, Section 607.0505, Florida Statutes.

SIGNATURE

*Arudy Costa*  
Signature, typed or printed name of registered agent and fee, if applicable

*Arudy Costa*  
(NOTE: Registered Agent signature required when reinstating)

*2/20/97*  
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME COSTA, ARUDY P  
STREET ADDRESS % 7370 N.W. 36TH ST. SUITE 319-B  
CITY- ST- ZIP MIAMI FL 33166 ☐ DELETE

TITLE SVD  
NAME LERNER, BERNARDO M  
STREET ADDRESS % 7370 N.W. 36TH ST. SUITE 319-B  
CITY- ST- ZIP MIAMI FL 33166 ☐ 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 VP, T, D  
1.2 NAME Costa, Arudy ☒ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE PTD  
2.2 NAME Lerner, Bernardo M ☒ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE 100002095331  
3.2 NAME -02/24/97-01045-003  
3.3 STREET ADDRESS \*\*\*\*\*165.00 \*\*\*\*\*165.00  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Bernardo Lerner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernardo Lerner (305) 470-7505*  
Date Daytime Phone #

CR2E034 (9/96)