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

DOCUMENT # P96000049912 (4)

NEW PHASE, CORP.

,	te of Business	Mailing Address		i realistat ike bang abin abin dank aan abin dida ibid ibid) ilât ibût
11462 S.W. 42ND ST. MIAMI FL 33165		11462 S.W. 42ND ST. MIAMI FL 33165-4617		
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1996
2. Principal F	Place of Business	2a. Mailing Address 26		4. FFI Number 65 - 066 640 8 Applied For Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.		CQ 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stal	le	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζφ [=]]	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curr	29 29 Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
MA	***************************************	ent negationed Agent	81 Name	IV. Hallie and Address of New Acquation Agent
	CEDO, CARLOS '0-3 S.W. 40TH ST.			
MIAMI FL 33165			82 Street A	ddress (P.O. Box Number is Not Acceptable)
1110	um 1 2 00 100		83	
	_		84 City	FL 85 Zip Code
office or agent it a				corporation submits this statement for the purpose of granging its registered oration's board of directors. I hereby accept the appointment as registered
12.	Signature typed or prater) harne of registive to CHELOFIRS A	apenta of the rapplicate (NO) NNO DIRECTORS	6 Registered Agent signature r 13.	equired when reinstaring) / DA/TE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T-TLE	PSD	DELETE	1.1 TITLE	Change Addition
NAME	PEREZ, ALEXIS		1.2 NAME	Nation
\$1REEL ADORESS	11452 S.W. 42ND ST.		1.3 STREET ADDRESS	
CITY-S1-2(F)	MIAMI FL 33165		1.4 CiTY - ST - ZIP	
THILE	VTD	DE LETE	2.1 TITLE	Change Addition
NAME	PEREZ, JEANETTE		2 2 NAME	
STREET ADDRESS	11452 S.W. 42ND ST.		2 3 STREET ADDRESS	
CHY-SI-ZiF	MIAMI FL 33165		2.4 CITY - ST-ZIP	
THLE		☐ DELETE	31 TITLE	Change Addition
HAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIF	,		■ a a a a a a a a a a a a	
TILLE	1	F-1 24-24-	3.4. CITY-\$1-ZIP	
NAME		DELETE	4.1 TITLE	Change Addition
*******		DETETE	4.1 TITLE 4. 2 NAME	☐ Change ☐ Addition
STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY - ST - ZIF			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
CITY - ST - 20F TITLE		☐ DETELE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
CITY - ST - ZIF TITLE NAME			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	
CITY STEZIF TITLE NAME STREET ADDRESS			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	
CITY - ST - ZIF HTTE NAME STREET ADDRESS CITY - ST - ZIF		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
CITY STEZIF TITLE NAME STREET ADDRESS			4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	

64 CITY-ST-ZIP 14. If 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 12 by pringed, or on postationment with an address

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 21 1997 8:00am

Secretary of State