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

Mailing Address
699 S.W. 8TH TERRACE

PROFIT
CORPORATION
ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business

699 S.W. 8TH TERRACE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083535 (0)

NEW START TRAFFIC SCHOOL, INC.

BOCA RATON FL 33486 BOCA RATON FL 33486-5509 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 65 - 0701068 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, JYes ☐ No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name QUIROGA, EDGARDO 699 S.W. 8TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) POCA RATON FL 33486 яз City 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 farmiar with the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ont and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Procident / Secretary 1.1 TITLE Change Addition TITLE Edgardo Quirgga 1.2 NAME NAME 699 SW & terrore STREET ADDRESS 1.3 STREET ADDRESS aca RAtor, FL 334P6 1.4 CITY - ST - ZIP CITY - ST - ZIF ☐ Addition Change TIFLE 2.1 TITLE Treasurer Quieuga 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS BOCA RATO, PL 33486 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition $\mathsf{H}^{\mathsf{T}}\mathsf{L}\mathsf{f}$ 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP City-St-2lP DELETE Change Addition 10116 4.1 TITLE NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change DELETE ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 180.6 NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 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 and stated 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 guistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Mar 06 1997 8:00am
Secretary of State



561-416-7332