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 # P96000084244 (8)

NEW WORLD TRADE CORPORATION

Principal	Piace	of	Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



7946 E DRIVE #107 NORTH BAY VILLAGE FL 33141			7946 E DRIVE #107 NORTH BAY VILLAGE FL 33141-3321										
								Pate Incorporate 0/11/1996	ed or Qualified	3a. Da	te of Last F	Report	7
2. Principal Place of Business			2a, Mailir	2a, Mailing Address				El Number			A	pplied For	-{
21			26					55-07	-0361	7		ot Applicable	-
Suite, Apt.	#, etc.		· +	Apt. #, etc.				<u>,</u>	0007			Additional	\dashv
22		27	27			5. C	5. Certificate of Status Desired Fee Required						
23	ty & State			City & State			I .	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country	<i>Z</i> ip	Zip Country				his corporation	has liability for	intangible	tax under s	s. 199.032,	7
24	25 29 30							Florida Statutes					
		Address of Curre	nt Registered	Agent				lame and Add	ress of New R	egistered A	gent		
	LO, LUIS A				B1	Name							
	NW 135TH ST	•			82	Street	Address (P.C). Box Number	is Not Accepta	ible)			+
MIM	MI FL 33168				83	3							
					84	City				FL	85 Zip	Code	
11. Pursuant office or r	to the provisions egistered agent, m familiar with, a	of Sections 607.05 or both, in the Stal and accept the obli	02 and 607,150 e of Florida, Suc	8, Florida Statute th change was a	es, the above authorized b	ve-named by the cor	corporation s poration's bo	submits this sta and of directors	tement for the I hereby acce	purpose of pt the appo	changing i ointment as	ts registered registered	_
SIGNATURE			•	, ,		,							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered OFFICERS AND DIRECTORS 13.					gent signatur			NOEO TO OFF	DATE			ي إ
TITLE		OFFICERS A	AD DIVECTOUS	DELETE	13. 1.1 TIYLE		D AL	ODITIONS/CHA	NGES TO OFF		DIRECTO Change	RS IN 12 Addition	~0/0
NAME				vace	1.2 NAME		linia P	1. BELL	.0		0	Augilion I	9
STREET ADDRESS						I ADDRESS	2946	ENST	DRIVE	#10-	ŀ		3
CITY-ST-ZIP				·	1.4 CITY-		Manau	BAY 1	1. 100	Fr :	2 2 1 (1)	1	70
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CITY-ST-ZIP					2. 4 CITY-	- \$T - 7IP							
TITLE				DELETE	3.1 TITLE		İ				Change	Addition	
NAME					3.2 NAME								
STREET ADDRESS					3.3 STREE	T ADDRESS							
CITY-ST-ZIP					3.4. CITY-	S1-ZiP							
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NAME					4.2 NAME								
STREET ADDRESS					4.3 STREE	T ADDRESS							
CITY-ST-ZIP				66,646	4.4 CHY-	\$1-ZIP						·	_
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NAME OXOFCE ADDRESS					5.2 NAME								
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CITY-ST-ZIP TITLE				DELETE	5.4 CDY-	S1-ZIP	<u> </u>				1 0	11,000	4
				DELETE	6.1 THE						Change	Addition	
NAME CIRCUI ADORGO					6.2 NAME								
STREET ADDRESS						1 ADDRESS							
CITY-ST-ZIP					6.4 CITY-	ST - ZIP	l						

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 logal effect as if made under eath; 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 charged, or on an attachment with an address.