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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092301 (6)

N.E.W.S. TRANSPORT, INC.

8730 SW 41ST MIAMI FL 3316		8730 SW 41ST ST Miami FL 33165-5433				
					3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last Report
2. Principal P	hace of Business	2a. Mailing Address			4. FEI Number 45-0706213	Applied For Not Applicate
Suite, Apt. #, etc Suite, Apt. #, e			, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ:ρ	Country	Zip		untry	8. This corporation has liability for	or intangible tax under s. 199.032,
4	25 9, Name and Address of Curr	29	30		Florida Statutes 10. Name and Address of New F	
		ent uedistolen våent		81 Name		legistation Agoilt
VASALLO, RODOLFO 8730 SW 41ST ST MIAMI FL 33165						
				82 Street	Address (P.O. Box Number is Not Accepta	able)
				83		
				84 City		B5 Zip Code
				City		FL 85 Zip Code
office or r agent I a SIGNATURE	registered agent, or both, in the Ste im familiar with and accept the obli- Signano, typed or protect name of registered	igations of, Section 607.0505,	Florida Sta	tutes.	poration's board of directors. I hereby acc e required when renstating)	ept the appointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
Tituf	D	☐ DELETE	1.1 3	ITLE		. Change Additi
NAME	VASALLO, RODOLFO		1.21	IAME		
STREET ADDRESS	8730 SW 41ST ST		1.3 9	TREET ADDRESS		
01Y - S1 - ZIP	MIAMI FL 33165		1.4 (CITY-ST-ZIP		
III.	D	DELETE	2.11	YTLE		Change Additi
NAME	VASALLO, LOURDES		2.2	IAME		
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DITY ST-ZIP	MIAMI FL 33165		2.4	CITY-ST-ZIP		
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CITY ST ZIF				CITY-ST-ZIP		
TITLE		☐ DELETE	4.11	ITLE		Change Additi
NAMÉ	Į		4.2	NAME	t .	

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 the corporation or the receiver or threstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13) I changed, or on an attachment with an address.

4.3 STREET ADDRESS

53 STREET ADDRESS

5 4 City-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-51-74

CCTY - \$1 - ZIP

THILF

NAME

T-TLE NAME

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

4/15/97 446-133/

Change

Addition

Addition

FILED

Apr 23 1997 8:00am

Secretary of State