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## **PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # P96000094605 'NEW ENGLAND SUBSITING. Mailing Address Principal Place of Business 12224 SW 130#ST 12224 SW. 1304 ST. MAMI, FC 33186 MWM1, FC 33186 3. Date incorporated or Qualified 3a. Date of Last Report 11/19/96 2. Principal Place of Business 2a. Mailing Address Applied For 65-6714240 26 Not Applicable Suite, Apt #, etc Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes . Provide Statutes . No Zφ Country 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICHARD B. PILES Street Address (P.O. Box Number is Not Acceptable) 20343 OLD CUTLER RD. MIAMI, FLORIDA 33189 83 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or an fair har with, and accept the obligations of, Section 607.0505, Florida Statutes. y, ed as presed name of ingestored agent and too if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)12 DELETE 1.1 TITLE Change 101.6 kennepuy, RAY 1.2 NAME MARK 16412 RUBY LAKE 1.3 STREET ADORESS STRUET ASSORESS FT MUDERONE R 3333 1.4 CITY - ST - ZIP C-11-51-70 DELETE 21 TITLE [ ] Change Addition THE 2.2 NAME MAKE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP 012 Y - ST 747 DELETE 31 TITLE 11-12 3.2 NAME MANA 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-2IP CITY: \$1, 7d DELETE 41 TITLE Hitel NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7/P CHY ST 72 DELETE 1:116 5.1 TITLE Change Addition Matte 5.2 NAME 5.3 STREET ADDRESS 500002163645 STREET ADJ. 5 :5 -05/02/97--01084--018 Change 5.4 CITY - ST - ZIP CHY-51 792 DELETE 6.1 TITLE Addition 101.1 \*\*\*165.00 MASK 6.3 STREET ADDRESS SHELLARING 64 CITY-ST-ZIP 14. If do note by Cot fy that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 eath; that am an officer or director of the comparation 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.