

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000102541 (5)**

1. Corporation Name
NEW MILLENNIUM ASSOCIATES, INC.



Principal Place of Business 131 SW 54TH AVE MIAMI FL 33134	Mailing Address 131 SW 54TH AVE MIAMI FL 33134-1141
--	---

2. Principal Place of Business 21 905 BRICKELL BAY DRIVE Suite, Apt. #, etc. 22 TOWER II, SUITE 525 City & State 23 MIAMI, FL. Zip 24 33131		2a. Mailing Address 26 905 BRICKELL BAY DRIVE Suite, Apt. #, etc. 27 TOWER II, SUITE 525 City & State 28 MIAMI, FL. Zip 29 33131		3. Date Incorporated or Qualified 12/10/1996		3a. Date of Last Report	
Country 25 USA		Country 30 USA		4. FEI Number 65-0745131		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent EL-HEDRI, AMNERIS 131 SW 54TH AVE MIAMI FL 33134				10. Name and Address of New Registered Agent			
81 Name EL-HEDRI, AMNERIS				82 Street Address (P.O. Box Number is Not Acceptable) 905 BRICKELL BAY DRIVE			
83 TOWER II, SUITE 525				84 City MIAMI, FL.			
				85 Zip Code 33131			

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Amneris El Hedri*, PRESIDENT DATE: **04/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL-HEDRI, AMNERIS	1.2 NAME	EL-HEDRI, AMNERIS
STREET ADDRESS	131 SW 54TH AVE	1.3 STREET ADDRESS	905 BRICKELL BAY DR W25
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, FRANK	2.2 NAME	HERNANDEZ, FRANK
STREET ADDRESS	131 SW 54TH AVE	2.3 STREET ADDRESS	905 BRICKELL BAY DR #525
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, ALEJANDRO	3.2 NAME	
STREET ADDRESS	131 SW 54TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Amneris El Hedri* AMNERIS EL-HEDRI DATE: **04/28/97** (305) 373-8999

CR2E034 (9/96)