


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

FILED

Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000019855 (0) 1. Corporation Name NEW HORIZONS INTERNATIONAL TRADING CORP.					
Principal Place of Business C/O ROTH, MILNE & ROUSSO 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156			Mailing Address C/O ROTH, MILNE & ROUSSO 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1997	
21		26		4. FCI Number 03-074022424	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
9. Name and Address of Current Registered Agent ROTH, LEONARDO A 9350 SOUTH DIXIE HWY, PH 2 MIAMI FL 33156			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	<input type="checkbox"/> DELETE	1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANNES, DIANA PATRICIA		1.2 NAME	JOHANNES, DIANA PATRICIA	
STREET ADDRESS	200 BISCAYNE BLVD. WAY SUITE 8-M		1.3 STREET ADDRESS	200 Velarde Ave	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DVPT	<input type="checkbox"/> DELETE	2.1 TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, DIEGO		2.2 NAME	MARLOW, DIEGO	
STREET ADDRESS	200 BISCAYNE BLVD. WAY SUITE 8-M		2.3 STREET ADDRESS	200 Velarde Ave	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: SIGNATURE REQUIRED					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)