Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90014 040 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000024370

STREET ADDRESS

SIGNATURE:

NEW CONCEPTS ENTERPRISES GROUP, INC.

					[	,
Principal Place of Business	Mailing Address			16 <b>0</b> 10 <b>VIVO</b> (1111) (1		
400 SW 107TH AVE	P. O. BOX 651841					
SUITE 302-A MIAMI FL 33265			DO NOT WRITE IN 1 IIS SPACE			
MIAMI FL 33174   US	US		3. Date incorporated or Qualifed	J J ACL		
00			03/18/1997			
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	App	lied For	
21 SAUF AS ABOVE	26		65-0735609	No:	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A.	ditional	
22	27		5. Certificate of Status Desired	Fee Res	uired	
City & State	City & State		6. Election Campaign Financing	\$5.00 N	· · · · · · · · · · · · · · · · · · ·	
23	28		Trust Fund Contribution	Added to	Fees	
Zip Country	Zip	Country	8. This corporation owes the current year In	-	⊃ <sub>No</sub>	
9. Name and Address of C		30	Perso nal Property Tax.  10. Name and Address of New Registered			
9. Name and Address of C	urrent Registered Agent	81 Name	10, Hante dist Address of New Registeria	rigoni		
Guerra, Alberto Sr.		1 1				
1850 SW 8TH ST., #409\A	100 2.W. 101 AV	E 82 Street Ad	Idress (P.O. Bo:: Number is Not Acceptable)		1	
MIAMI FL 33135	St= 302-A	83				
	C 33/7/			700 7:- 6		
GUERRA, ALBERTO SR. 1850 SW 8TH ST., 4409 A MIAMI FL 33135	11AH1. H. 33114	84 City	FL	85 Zip C	ode	
44 Pursus at to the provisions of Sections 60	7 0500 and 607 1508. Florida Statute	s the above-named co	rporation submits this statement for the purpose of	changing its	egistered	
office or registered agent, or both, in the 5	State of Florida. Such change was au	ithorized by the corpora	ition's board of directors. I hereby accept the appo	intment as rec	istered	
agent. I am familiar with, and accept the o	obligations of, Section 607.0505, Flor	ida Statutes.	,		ļ	
agent. I am familiar with, and accept the o	obligat ons of, Section 607.0505, Flor	ida Statutes.				
agent. I am familiar with, and accept the of SIGNATURE  Signature, typed or printed hame of register.	obligations of, Section 607.0505, Floring agent and title if applicable. (NOT E.	ida Statutes. Registered Agent signature requ	lired when reinstating) DATE			(86
agent. I am familiar with, and accept the or SIGNATURE  Signature, typed or printed have of register.  12. OFFICER	obligations of, Section 607.0505, Floring agent and title if applicable.  (NOT E. SANE) DIRECTORS	ida Statutes. Registered Agent signature requals.		ND DIRECTOR	S IN 12	11/98)
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6.3 STREET ADDRESS

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 or rify that the information indicated on this annual report or suppliemental a nual 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 trustae 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 or an attacts tent with an address) with all other like empowered.

SIGNATULE AND TYPED OR PLINTED NAME OF SIGNING OFFICER OR DIRECTOR