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 # POZOCOAFO20

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90084 012 ***150.00

1. Corporation Name NEWSUBS, INC.								1 : 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(() 5:88 (8:2(8 (4)	. ((4) (8)) (8.6)
Principal P ace	e of Business		Mailing Address					 		III QIQQI QIIXQ IDXQI	[]]}
784 NORTHEAST 70 STREET 784 NORTHEAST 70 STREET											
MIAMI FL 33138 MIAMI FL 33138					DO MOT MIDITE (A						
								DO NOT W		IS SPACE	
								 Date Incorporated or Qualife 05/23/1997 	ed		
Principal Place of Business 2a. Mailing Address							4	4. FEI Number			r lied For
21 8550 Biscayne blud, 26								<u>65-0759368</u>			t Applicable
22								5. Certifcate of Status Desired		\$8.75 A	
City & State City & State								Election Campaign Financin Trust Fund Contribution	g	\$5.00 Added t	
	20 Cour	lry	Zip	Cou	intry			8. This corporation owes the co	rrent year	ntangible	
24 3 5	38 ₂₅ cour		29	30			l	Personal Property Tax.		Yes	
	9. Name and Add	ress of Current	Registered Agent					0. Name and Address of Nev	Registere	d Agent	
pnc	LIA INCE				81	Name					
ROCHA, JOSE 784 NE 70TH STREET					82	Street A	Address	(P.O. Box Number is Not Acce	otable)		
MIAMI FL 33138					83						
WAA	WILL 20100				03						
					84	City			F		j
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Stat	u es, the a	boye	e-named o	corporati	ion submits this statement for the	ne purpose	of changing its	registered
agent. a	m familiar with, and ac	cept the obligation	ons of, Section 607.0505, F	kirida Stati	utes	Ine corpor	316110173	board of cirectors. I hereby acc		loa	9.010100
SIGNATURE									412	2 199	
	Signature, typed or printed ri			Tt : Registered	Agen	t signature re	equired whe	ADDITIC NS/CHANGES TO C	DATE	(ND DIBECTO	E C IN 12
12.	DOTO	OFFICERS AND	DIRECTORS	13.	ne	— т		ADDITIC NS/CHANGES TO C	FFICERS /	Change	Addition
TITLE	PSTD	ROCHA, JOSE R		i	1.1 TITLE 1.2 NAME						
NAME				li		FADDDEES					
STREET ADDRESS	MIAMI FL 33138			1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	MIAMI FL 33130			2,1 TI		1-211				Change	Addition
NAME					22 NAME					_ ,	_
STREET ADDRESS				ı	2,3 STREET ADDRESS						
CITY-ST-ZIP				2.4 C		- 1					
TITLE			☐ DELETE	3.1 TI		-				Change	Addition
NAME.				3.2 N/	AME	1					
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4 C	iTY-S	T-ZIP	-			_	
TITLE			☐ DELETE	4.1 TI	TLE					☐ Change	☐ Addition
NAME				4 2 N	AME	1					Ì
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI	TY-S	r-ZIP		<u> </u>	<u></u>		
TITLE			☐ DELETE	5 1 TY		ĺ				Change	☐ Addition
NAME				5.2 N/							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP		·		5.4 CI		r-ZIP	<u> </u>				
TITLE			☐ DELETE	6.1 TI		1				Change	☐ Addition
NAME				6.2 N/							
STREET ADDITION						ADDRESS					
CITY-ST-ZIP	1			6.4 CI	IY-S	-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 a neual 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PIRINTED NAME OF SIGNING OFFICER OR DIRECTOR