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 # P97000047616

1. Corporation Name

NEW NOGUE CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90048 005 ***150.00



9550 N.W. 12TH STREET 11-A MIAMI FL 33183		9550 N.W. 12TH STREET 11-A Miami Fl 33183		DO NOT WRITE IN THIS	SPACE		
		WININ 12 00100			3. Date Incorporated or Qualifed 05/29/1997		
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	T An	plied For
21 -1062	4 SW. 5TH ST	26 10624 SW. 5TH. ST.			59-2627668		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23 SWEETWATER, FL.		28 SWEETWATER, FL. Zip Country			Trust Fund Contribution	Added t	· 1
Zip Country 24 33/74 25		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent			<u>, </u>		10 Name and Address of New Registered	Agent	
81 Name							
GISPERT, JOSE M 7501 S.W. 138TH COURT			82	Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33183			-				
444	M 1 E 00 100		83				Ì
			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							
OIGHATORE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	t signature n	equired when reinstating) DATE		
12	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN		
Į TITLE	PD	⊠ DELETE	1.1 TITLE	i	PD NOGUERA CARMEN	Change	☐ Addition
NAME	NOGUERA, CARMEN		1.2 NAME		10624 SW. 5TH, ST.		
STREET ADORESS			1.3 STREET	ADDRESS			}
CITY-ST-ZIP					SWEETWATER, FL.		
TITLE	STD Z DELETE		2.1 TITLE		STO.	Change	☐ Addition
NAME	NOGUERA, ROBERTO				NOGUERA ROBERT A.		
STREET ADDRESS	10624 SW 55TH STREET				10624 SW. 5TH. ST.		
CITY-ST-ZIP	MIAMI FL 33174		2.4 CITY-S	T- ZIP	SWEETWATER, FL.		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREET	ADDRESS			ĺ
C/TY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		i	4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS	•		Į.
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE	İ		Change	☐ Addition }
NAME			5.2 NAME				{
STREET ADDRESS	•		5.3 STREET				
CITY-ST-ZIP			5.4 C/TY-ST	·ZIP			
ππLE ,	P. 123	☐ DELET E	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				}
STREET ADDRESS	in the second second	İ	6.3 STREET				
CITY-ST-ZIP	· <u> </u>		6.4 CITY-ST	-216			

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 path; 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.