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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059140

1. Corporation Name
NEW SOUTHWAYS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 520892 MIAMI FL 33152-0892	P.O. BOX 520827 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1997

2. Principal Place of Business	2a. Mailing Address
21 Po Box 520827	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MiAMi -FL	City & State 28
Zip / Country 24 33152 25 USA	Zip / Country 29 30 USA

4. FEI Number: 65-0768405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: BiJAOUi CLAUDE
82 Street Address (P.O. Box Number is Not Acceptable): 3000 ISLAND BLVD - Apt 2405
83
84 City: AVENTURA FL 85 Zip Code: 33160

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: _____ DATE: 03/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D,T	☒ Change ☐ Addition
NAME	BIJAOUI, CLAUDE		12 NAME	Bijaoui CLAUDE	
STREET ADDRESS	5600 NW 36TH STREET BLDG. 100 #500		13 STREET ADDRESS	3000 ISLAND BLVD - Apt 2405	
CITY-ST-ZIP	MIAMI FL 33152-0892		14 CITY-ST-ZIP	AVENTURA - FL - 33160	
TITLE		☐ DELETE	21 TITLE	D-VP	☐ Change ☒ Addition
NAME			22 NAME	RODRIGUEZ FRANCISCO	
STREET ADDRESS			23 STREET ADDRESS	10510 SW 134th COURT	
CITY-ST-ZIP			24 CITY-ST-ZIP	MiAMi-FL - 33186	
TITLE		☐ DELETE	31 TITLE	D-VP	☐ Change ☒ Addition
NAME			32 NAME	MS - ANNICK LIOT	
STREET ADDRESS			33 STREET ADDRESS	3000 ISLAND BLVD - Apt 2405	
CITY-ST-ZIP			34 CITY-ST-ZIP	AVENTURA - FL - 33160	
TITLE		☐ DELETE	41 TITLE	VP	☐ Change ☒ Addition
NAME			42 NAME	ROBINSON JOHN	
STREET ADDRESS			43 STREET ADDRESS	1380 SEA BAY ROAD	
CITY-ST-ZIP			44 CITY-ST-ZIP	WESTON - FL - 33326	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 02/12/99 (305) 871 1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #