**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # P97000091580**

NEW LIFE IMPORT & EXPORT CORP. 7347 NW 36 Avenue

Miami FL 33147

FILED

99 DEC 22 AM II: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Business	Mailing Address			
7247: NT	W 36 Amonuo				
7347 NW 36 Avenue MIANI FL 33147				DO NOT WRITE IN THIS SPACE	
MIAMI FL 33147					3. Date Incorporated or Qualified
					10/24/1997
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied For
		26 2742 Biscayne BLVD			65-0796244 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
		28 Miami, Florida			Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes the current year
	25	29 33137	30 US	A	Intangible Personal Property. Yes No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
			81	Name	
LEILA L DAGOSTIM					Iress (P.O. Box Number is Not Acceptable)
6990 NW 173rd Drive # 2002				9413	Boca Cove Circle # 1105
Miami Lakes, FL 33015 US					_
			84		85 Zip Code
Boca Ration FL 33428					
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered					
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 LEILA L DAGOSTIM - President 12/17/1999					
. Si	Ignature, typed or printed name of registered agent	and title if applicable. (NO		gent signature rec	Quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. 	OFFICERS AND		1.1 TITLE	_/_	ADDITIONS/CHANGES TO OFFICERS AND BINCETONS IN 12
TITLE	President	DELETE	1.2 NAME		Z Change
NAME	LEILA L DAGOSTI				9413 Boca Cove Circle # 1105
STREET ADDRESS 6990 NW 173rd Dr					Boca Raton, FL 33428
CITY-ST-ZIP	Miami Lakes, FL		2.1 TITLE	I-ZIP	Change Addition
TITLE		☐ DELETE	2.1 NAME		
NAME			1	ADDOCCC	4000030877845   -01/04/0001076011
STREET ADDRESS.	<del></del>	<del></del>	2.3 STREET		****150.00 *****150.00
CITY-ST-ZIP			2.4 CITY-ST	1-219	Change Addition
TITLE		DELETE	3.2 NAME		Change Change
NAME				ADDDESS	
STREET ADDRESS		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP			: \ <b>A.S</b>
CITY-ST-ZIP		DELETE	4.1 TITLE	1-611	Change Addition
TITLE		L DELETE	4.2 NAME		Change Addition
NAME				ADDRESS	
STREET ADDRESS			4.4 CITY-S		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
1			5.4 CITY-S		
CITY-ST-ZIP		DELETE	6 1 TITLE	!'	Change Addition
j		LL DELETE	6 2 NAME		Change Roundin
NAME STREET ADDRESS			6.3 STREET	ADDRESS	
STREET ADDRESS			6.4 CITY-S		
CITY-ST-ZIP 14. I hereby cert	tify that the information supplied with t	this filing does not qualify for th	ne exemption	stated in se	ction 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.					

L. DAGOUTIM-PARTIDENT? SIGNATURE: LEILA

12/17/1999 (30) 696-4100



## 7347 NW 36 Ave, Miami FL 33147 Phone (305) 696 4100 Fax (305) 696 4333

December 17<sup>th</sup>, 1999

Department of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

Ref. Corporate Annual Report

Please find attached the Annual Report for my Company, which was not filed on time in 1999, due to the following reason:

In January 1999, we changed our CPA due to lack of performance.
 The preprinted form was sent to 8045 NW 36 street # 525, Miami FL 33166, which is the address of our former CPA. We <u>NEVER</u> received any correspondence or telephone call from them advising about it, and we missed the due date for filling.

In addition, we are inclosing a check # 1405 for \$ 150.00 to cover the required fee.

Taking into consideration what is explained above, please reinstate my Company as a valid Corporation in the State of Florida.

Should you need additional information, please contact me at (305) 696 4100 or fax at (305) 696 4333.

Sincerely,

Letta L'Dagostim President