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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED

Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90002 019 ***550.00

DOCUMENT # P97000093360

1. Corporation Name

New American Business, Inc.

Principal Place of Business Mailing Address

10913 N.W. 30 Street
Suite 300

DO NOT WRITE IN THIS SPACE

| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | Mramr, | IP 221/5 | | | | | 3. Date Incorporated or Qualified | • | |
|--|---|--|--------------------|--------------|--|---------------|---|-------------|---------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | October 30, 1997 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | 2. Principal | 2a. Mailing Address | | | | 4. FEI Number | - AF | plied For | |
| City & State Country Country S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Arazoza, Comas, de Torres & Fernande Arazoza, Comas, de Torres & Fernande Coral Gables, FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent agent and title flag picilicate. Coral Gables, FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent and title if applications of Sections 607.0502, Florida Statutes, the abovenamed corporation's board of directors. I preby secept the appointment reast registered agent and title if applicable. Note: Springer Address (Po. Box Number is Not Acceptable) Fraga., P.A. 21 Name Suite 300 City Coral Gables, FL 3334 11. Pursuant to the provisions of Sections 607.0502, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent and title if applicable. City Coral Gables, FL 300 City Coral Gables, FL 368 Zip.Code City Coral Gables, FL 300 City Cora | 21 | | 26 | | | | 65-0800933 | No | ot Applicable |
| City & State City & City & State City & City & State City & State City & State City & State City | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5 Cortificate of Status Denired \$8.75 Additions | | | Iditional | |
| Zip Country Zip Country S. This corporation owes the current year intragible Personal Property Tax. Xip so No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No Name and Address of New Registered Agent No Name and Address of New Registered Agent Name Arazoza, Comas, de Torres & Fernande Sulter Solution Solutio | 22 | ` ` | 27 | | | | 5. Certificate of Status Desired Fee Required | | |
| Zip Country Zip Zip | City & Star | te | City & State | 3 | | | 6. Election Campaign Financing | \$5.00 M | ay Be |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent Arazoza, Comas de Torres & Fernande Fernande-Fraga., P.A. 101 Madeira Avenue Coral Gables, FL 33134 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 degree or registered degree or registered degree or registered agent, on the collegations of Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment -as registered agent, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, byed or pure symmetry and provide or pure symmetry and pro | 23 | <u> </u> | 28 | | | | Trust Fund Contribution | Added to Fe | es |
| S. Name and Address of Current Registered Agent Arazoza, Comas, de Torres & Fernande Arazoza, Comas, de Torres & Fernande Fernande-Fraga., P.A. 101 Madeira Avenue Coral Gables, FL 33134 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 agent. Jam facility with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Appeal of Opported Inner of registered agent and title if applicable. OFMICERS AND DIRECTORS Application of Milami Beach, FL 33139 DELETE DELETE DELETE JURIEL ADDRESS CITY. ST. ZIP DELETE JAME JO Lincoln RD JAME JAM | Zip | / | Zip | | Country | , | | | |
| Arazoza, Comas de Torres & Fernande Arazoza, Comas, de Torres & Fernande Fernande Fraga., P.A. 101 Madeira Avenue Coral Gables, Fl. 33134 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 and tute if applicable. SIGNATURE SIG | 24 | 25 | 29 | 30 | | | Property Tax. XY | ıs | _No _ |
| Arazoza, Comas, de Torres & Fernande Fernande-Fraga., P.A. 101 Madeira Avenue Coral Gables, FL 33134 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 agent among the registered agent | | 9. Name and Address of Current R | egistered Agent | I | 10. Name and Address of New Registered Agent | | | | |
| Arazoza, Comas de Torres & B2 Street Address (RO. Box Number is Not Acceptable) Fraga., P.A. Fernande-Fraga., P.A. 101 Madeira Avenue Coral Gables, FI 33134 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 office or registered office or registered agent, optobit, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and registered agent and title if applicable. SIGNATURE Signature. Appendia or registered agent and title if applicable. 10 | | | | | 81 | | C 1- E | | |
| Arazoza, Contas de forres a 2100 salzedo Street 2100 salzedo Stree | [| | | | - | Araz | oza, comas, de Torres | 3 & FE | ernano |
| Fernande-Fraga., P.A. 101 Madeira Avenue Coral Gables, FI_33134 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 agent, out-oth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Arped or purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Arped or purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY - ST - ZIP Martin Genoud Change Addition Change Change Addition Change Addition Change Change Addition Change Ch | Arazoza, Comas de Torres & | | | | | 2100 | dress (P.O. Box Number is Not Acceptable)* F1 Salzedo Street | aga., | P.A. |
| Suite 300 Set City Coral Gables, FL 33134 Coral Gables, FL 3313 | Fernan | de-Fraga., P.A. | | | 83 | | | | |
| Coral Gables, FL 33134 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 digent, optoth, in the State of Florida. Such change was sulfhorized by the corporation's board of directors. I hereby accept the appointment—as registered agent; and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Manager New York Note: Registered Agent signature required when reinstating) DATE | , | | | | | Suit | e 300 | | |
| 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 digent, orboth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment—as registered agent and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | 1 Cables El | 85 Zip C | ode |
| registered office or registered agent, orboth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment – as registered agent are facilities with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Apped of printed/name of registered agent and title if applicable. (NoTE: Registered Agent signature required when reinstating) DATE | | | nd 607 1509 EL | orida Statut | oc the al | | | | |
| SIGNATURE Signature Signa | registered | d office or registered agent, or both, in th | e State of Florida | a, Such cha | nge was | authorized | by the corporation's board of directors. I hereby | accept the | appointment |
| Signature, Apped or briefs hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | -as registe | ered agent. I am familier with, and accep | t the obligations | of, Section | 607.0505 | i, Florida S | tatutės. | 10 | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME 100 Lincoln RD 12 NAME 10913 N.W. 30 Street 13 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10913 N.W. 30 Street 13 STREET ADDRESS CITY-ST-ZIP Miami Beach, FL 33139 14 CITY-ST-ZIP Miami, FL 33172 Change Addition | SIGNATURE . | Cox of M | | | | | 8/6/ | <u>97</u> | |
| NAME 100 Lincoln RD 1.2 NAME 10913 N.W. 30 Street STREET ADDRESS Apt 1516 1.3 STREET ADDRESS SUite 300 1.4 CITY-ST-ZIP Miami, FL 33172 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.1 NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE 2.1 | | ~ ··· ·— , | - ' | pplicable. | | : Registered | | | · |
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| DELETE DELETE 2.1 TITLE | TITLE | 1 | <u> </u> <u> </u> | DELETE | 1.1 TITLE | | | Change | X Addition |
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| DELETE DELETE 2.1 TITLE | STREET ADDRESS | | | | 1.3 STRE | | | | l |
| NAME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY - ST - ZIP | CITY - ST - ZIP | Miami Beach, FL 3 | 33139 | | 1.4 CITY | ST - ZIP | Miami, FL 33172 | | |
| 23 STREET ADDRESS 24 CITY - ST - ZIP | TITLE | | | DELETE | 2.1 TITLE | | - | Change | Addition |
| CITY - ST - ZIP | NAME | [| _ | _ | 2.2 NAME | | | | |
| DELETE 3.1 TITLE | STREET ADDRESS | | | | 2.3 STRE | ET ADDRESS | | | |
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| | STREET ADDRESS | | | | 3.3 STRE | ET ADDRESS | | | |
| THE Change Addition | CITY - ST - ZIP | | | | 3.4 CITY | ST-ZIP | | | |
| | TITLE | | | DELETE | 4.1 TITLE | | | Change | Addition |

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 of 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 of director of the opporation 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 inchapped, or on an attachment with an address, with all other like empowered.

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

8.2 NAME

DELETE

DELETE

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

8.4 CITY - ST - ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

305-629-9190

Change

Change

Addition

Addition

Daytime Phone #

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

CITY - ST - ZIP