FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000106661 (6)

NEW D	AWN DEVELOPMENT CO	ORP.					1 1881/1861 18 18 11 1881/1 1881/1 1881/1			
Principal Plac	e of Business	Mailing Address	_ 			 -				
520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE SUITE 0-305										
MIAMI FL 331	31		MIAMI FL 33131			į	DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualified 12/19/1997 	i	,	
2. Principal P	lace of Business	2a. Mailing Add	ress				4. FEI Number		T/A	oplied For
21		26				Applied For		No	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certificate of Status Desired			Additional equired
City & State	е	City & State					6. Election Campaign Financing			May Be
Zip	Country	28 Zip		ountr			Trust Fund Contribution			to Fees
24	25	29	⊢	Junto			This corporation owes or has Personal Property Tax due Ju		_ ′ _	langible ☑ No
24]	25 2. Name and Address of Cur		30	т—			10. Name and Address of New I			
LIA	BER, ROBERT M	Total riogistoriou rigoria		81	Name		10, Italia alta ridar-sos of rioss	10,010104	- Igoin	
	BRICKELL KEY DRIVE				l					
	ITE 0-305			82 Street Address (P.O. Bo			s (P.O. Box Number is Not Accept	able)		
	MI FL 33131			83	┼					
MIN	AMI LE 22121				<u> </u>					
				84	City			FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.6 egistered agent, or both, in the St	0502 and 607.1508, Flori ate of Florida. Such char	da Statutes, the nge was authoriz 0505, Elorida St	abov ed b	e-named y the cor	d corpor poration	ation submits this statement for the 's board of directors. I hereby acc	purpose of the app	f changing it ointment as	ts registered registered
SIGNATURE	m raminal with and accept the or.	nigations of, section our	.0003, Florida Ot	aioie	S.					
	Signature, typed or printed name of registered				ent signature	e required	when reinstating)	DATE		
12		AND DIRECTORS	13			1703.5	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	0	D		TITLE			ector		LJ Change	XX Addition
NAME	HABER, ROBERT M			NAME			lan, Paul	0.14	- 0 001	•
STREET ADDRESS	\$20 BRICKELL KEY DRIVE				ADDRESS		Brick: 1 Key Drive	, Suite	e U-303)
CITY-ST-ZIP	MIAMI FL 33131			CITY-	ST-ZIP		mi, Fl 33131		T 1 05	nanal Autobian
TITLE		□ oi		TITLE		1	ector		L unange	XX Addition
NAME				NAME			la, Carlos			
STREET ADDRESS					ADDRESS		Brickell Key Drive	e, Sul	te 0-30)5
CITY-ST-ZIP		DE DE		CITY- TITLE	ST-ZIP	Mia	mi. Fl 33131		Change	Addition
TITLE			1	NAME		1			- Cuarific	rm Vontion
NAME STORET ADDRESS					10000000					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE				CITY- TITLE	ST-2IP				Change	Addition
NAME		[-] bi		NAME			• •		Ti Alianite	L ridollon
STREET ADDRESS					ADDRESS					
· · · · · · · · · · · · · · · · · · ·			1			}				
CITY-ST-ZIP TITLE		Прі		CITY-S TITLE	11 - LIP	 			Change	Addition
NAME				NAME						

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 or an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

Den MALLED VIDE

DELETE

(-)-----

Change

Addition

FILED

May 15 1998 8:00am

Secretary of State