

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Catherine B. Meekhan
Secretary of State

APPROVED
AND
FILED

DOCUMENT # **S06775** (8)

95 MAY 10 AM 10:35

NEW FAMILIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office - Telephone: _____ Mailing Address:
865 E 8 ST **865 E 8 ST**
HIALEAH FL 33010 **HIALEAH FL 33010**

3. Date Incorporated or Qualified 10/18/1990	3a. Date of Last Report 11/07/1994
4. FE Number 65-0224086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangibles tax under SS 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office - Telephone: _____	2a. Mailing Address: _____
21. State App. # _____	26. State App. # _____
22. City, State _____	27. City & State _____
24. _____	28. _____
25. _____	29. _____
30. _____	30. _____

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GUTIERREZ, FELIX M. III 2665 S BAYSHORE DR 865 E 8 STREET HIALEAH FL 33010				81. Name	
				82. Street Address (P.O. Box Number is Not Applicable)	
				83. _____	
				84. City	FL
	85. Zip Code				

11. For agent to the principal office, and for the filer, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office to the registered office 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 provisions of law herein (2005 Florida Statutes).
 SIGNATURE: *[Signature]* **Vice-President** **5-2-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D GUTIERREZ, FELIX M., III 865 E 8 ST HIALEAH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE		3. CITY, STATE	
NAME	D GARCIA, DIANA 15959 SW 172 AVE MIAMI FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE		9. CITY, STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	

14. Corporation certifies that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. Further certifies that the information furnished 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 is the reason or reason recognized to cover the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5-2-95** **CJOS/PP7-1/95**