

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Monttari Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 95 MAY -1 AM 9:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S36766 (1) 1. Corporation Name NTWM ACQUISITION CORP.				
Principal Place of Business 6501 S.W. 134TH DRIVE MIAMI FL 33156		Mailing Address 6501 S.W. 134TH DRIVE MIAMI FL 33156		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 03/11/1991		3a. Date of Last Report 12/15/1994		
4. FEI Number 65-0247772		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		
7. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No				
9. Name and Address of Current Registered Agent RAPHAELY, JON 6501 S.W. 134TH DRIVE MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (Signature, typed or printed name of registered agent acceptable if applicable) (NOTE: Registered Agent signature required when renewing)				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PSTD RAPHAELY, JON 6501 S.W. 134TH DRIVE MIAMI FL 33156	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	☐ Change ☐ Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.				
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/95 305-665-0203 Date (Day/Mo/Yr)		