

7-22-97 B-7983 NC  
AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
..T DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 22 1997 8:00am  
Secretary of State

DOCUMENT # S36766 (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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1991		3a. Date of Last Report 05/14/1996	
i Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0247772		Applied For Not Applicable	
2 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAPHAELY, JON 6501 S.W. 134TH DRIVE MIAMI FL 33156				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 *[Signature]* DATE 7/17/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	Change Addition
NAME	STREET ADDRESS	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	Change Addition
NAME	STREET ADDRESS	32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	Change Addition
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	Change Addition
NAME	STREET ADDRESS	52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	Change Addition
NAME	STREET ADDRESS	62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE *[Signature]* 305-665-0203

CR2E034 (4/97)