

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90038 002 \*\*\*150.00

0122849

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harrits**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S81883**

1. Corporation Name  
**NEW CAPITAL RESOURCES CORP.**



Principal Place of Business <del>1920 E. HALLANDALE BEACH BLVD.</del> <del>STE. #811,</del> <del>HALLANDALE FL 33009</del> <del>US</del>	Mailing Address <del>1920 E. HALLANDALE BEACH BLVD.</del> <del>STE. #811</del> <del>HALLANDALE FL 33009</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/20/1991</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0294611</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 1623 Collins Ave</b> Suite, Apt. #, etc. <b>22 909</b> City & State <b>23 Miami Beach FL</b> Zip <b>24 33139</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 1623 Collins Ave</b> Suite, Apt. #, etc. <b>27 909</b> City & State <b>28 Miami Beach FL</b> Zip <b>29 33139</b> Country <b>30 USA</b>
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9. Name and Address of Current Registered Agent  
**DOMINGUEZ, VIRGINIA**  
**1920 E HALLANDALE BEACH BLVD**  
**STE. #811**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  

81 Name <b>Dominguez Virginia</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1623 Collins Ave</b>
83 <b>#909</b>
84 City <b>Miami Beach</b> <b>FL</b> 85 Zip Code <b>33139</b>

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 Virginia Dominguez DATE March 27/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME DOMINGUEZ, VIRGINIA	
STREET ADDRESS 1920 E. HALLANDALE BCH. BLVD STE #811	
CITY-ST-ZIP HALLANDALE FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME DOMINGUEZ, LUIS	
STREET ADDRESS 1920 E. HALLANDALE BCH. BLVD. STE #811	
CITY-ST-ZIP HALLANDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>1623 Collins Ave 909</b>
1.3 STREET ADDRESS	<b>Miami Beach FL 33139</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>1623 Collins Ave 909</b>
2.3 STREET ADDRESS	<b>Miami Beach FL 33139</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia Dominguez DATE: March 27/99 DAYTIME PHONE #: (305) 534-9090  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)