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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

## DOCUMENT # 591741 L 1. Corporation Name NEW LANDINGS TNUESTMENT, INC

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90071 041 \*\*\*158.75

NEW LANDINGS INVESTMENT, INC.									
59205		Mailing Addres	.114 TER	 erac 56	.€				
MIAMI, FL. 33156 MIAMI, FL. 33156						DO NOT WRITE IN THIS SPACE			
US		VS				3. Date Incorporated or Qualifed	<del></del>		
,				3	_	11/04/91			
2. Principal P	Place of Business	2a. Mailing Add	tress		<u> </u>	4. FEI Number	Ар	plied For	ĺ
21		26				65-0298978	No	t Applicable	1
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75		
22		27		<del> </del>	<u> </u>		Fee Re	<del></del>	
City & Stat	te	City & State	9			6. Election Campaign Financing	\$5.00	•	ļ
23		28		<del></del> -		Trust Fund Contribution	Added t	o Fees	ļ
Zíp ,	Country	Zip		Country		8. This corporation owes the current year		_	
24	25	29	30		·	Personal Property Tax.		∐No	}
	9. Name and Address of Cu	_	<u> </u>		* 5	10. Name and Address of New Registere	d Agent		
WON	G, ALBERTO J			81	Name				
591	DS.W. 114 TERR	ACE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
W.a	MI, FL 33156	5		83	* *		<del></del>		
77 (7)	, = -								
				84	City	F	85 Zip C	Code	
office or r	to the provisions of Sections 607 registered agent, or both, in the Stam familiar with, and accept the ob	tate of Florida. Such cha	nge was authoi	rized by t	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered	
SIGNATURE			AIOFE D	-1 4 name	signature required	d when reinstating) DATE			_
12,	Signature, typed or printed name of registered	agent and title it applicable.			signature required				
	OFFICERS	AND DIRECTORS					AND DIRECTO	RS IN 12	8
		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	11/98
TITLE	D/G		DELETE						4 (11/98)
TITLE NAME	D/G		DELETE	13. 1.1 TITLE 1.2 NAME	ADDRESS				
TITLE NAME STREET ADDRÉSS	P/D WONG, ALBERT 59205.W. 114TO	O J. ERRACE	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET					
TITLE NAME STREET ADORESS CITY-ST-ZIP	D/G	TO J. ERRACE 156	DELETE	13. 1.1 TITLE 1.2 NAME					CR2E034 (11/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P/D WONG, ALBERT 59205.W. 114TO	TO J. ERRACE 156	DELETE 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST			☐ Change	☐ Addition	
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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 suppliemental 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (30\$)663-6758