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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8611 NW 54TH STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$93777

(8)

Mailing Address 8611 NW 54TH ST

NEWSKY IMPORT & EXPORT, INC.

FILED Apr 09 1997 8:00am Secretary of State

Date Incorporated or Qualified	3a. Date of Last Report
4414014004	OF IO 1/1000

US 2. Principal Place of Business		MIAMI FL 33166-3347			\ \					
		US				3. Date Incorporated or Qualified 11/12/1991 3a. Date of Last Report 05/01/1996				
		2a. Mailing Address				4. FEI Number		$\neg \top$	Applied For	
21		26				65-0432259			Not Applicable	
22 27 City & State City & State		Suite, Apt. #, etc.	itc.			5. Certificate of Status Desired			75 Additional e Required	
		City & State				6. Election Campaign Financing \$5.00 May Be				
23	Country	28	Co	untry		Trust Fund Contribution			ded to Fees	
24	25	29	30	uning		8. This corporation has liability for i	intangible] Yes [der s. 199.032,	
24]	9. Name and Address of Curre		1301	Т		10. Name and Address of New Re				
NE.	SOUSA, ROBERTO			81	Name					
	537 N.W. 8TH STREET				A - I	- (50 p. 1)				
	MBROKE PINES FL 33026			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ie)			
, ,	MDHORE I MEO I E COOLS			83	 -					
				84	City		FL	85	Zip Code	
14 []	the state of C. offers 607.050	22 and 607 1508. Florida Chabi	too the o			orporation submits this statement for the p			lan ika samiatawa d	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authori26	ed by	the corpor	ation's board of directors. I hereby accep	of the app	pintmer	nt as registered	
SIGNATURE	Signature typed or paired har elich egistered ag	ent and little if applicable (NO	TE Registere	ed Age	nt signature req	urred when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
THE	PD	DELETE	1.1 T	TLE			a	Ly Cha	ange 🔲 Addition	
NAME	DE SOUSA, ROBERTO	,	1.2 N	AME	(127 / 7 M	8H	' S	X	
STREET ADORESS	10537 NW 8TH ST.		1.3 S	TREET	ADDRESS	SSINCE TI	- 3	. 5	~	
CHY-S1-ZII-	PEMBROKE PINES FL			ITY-S	T-ZIP	7551 SW Prines-FL		<u> </u>	<u>049</u>	
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NAME	ţ		2.2 N		-	•				
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NAME				IAME						
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		La billi		NAME				L 014	inge 🗀 Addition	
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CITY ST- ZIP		DELETE	5.1 T		1-21			Cha	nge Addition	
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STREET ADDRESS					ADDRESS					
City-St-ZiP				iince i ITY-S	" I					
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NAME			62 N		ļ					
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CHY-ST-Zar			1	:::: <u>::</u> ::::::::::::::::::::::::::::::						
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I do hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #