

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:01**

**DOCUMENT # V31785 (1)**  
1. Corporation Name  
**NEW FLORIDA INTERNATIONAL CORPORATION**

Principal Place of Business	Mailing Address
4775 COLLINS AVE MIAMI BCH. FL 33140 US	4775 COLLINS AVE. MIAMI BCH. FL 33140 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1992</b>	3a. Date of Last Report <b>07/08/1994</b>
21		26		4. FEI Number <b>65-0329057</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip		29. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Country		Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CARVALHO, FELISBERTO J DE BULH</b> <b>4775 COLLINS AVE.</b> <b>MIAMI BCH. FL 33140</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COLLINS, ROBERT S.</del>	1.2 NAME	
STREET ADDRESS	<del>520 BRICKELL KEY DRIVE SUITE 0-305</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, STEPHEN A</b>	2.2 NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE SUITE 0-305</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATHAYDES, MUCIO</b>	3.2 NAME	<b>ATHAYDE, MUCIO</b>
STREET ADDRESS	<b>4775 COLLINS AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVALHO, FELISBERTO J DE BULH</b>	4.2 NAME	
STREET ADDRESS	<b>4775 COLLINS AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVALHO, FELISBERTO J</b>	5.2 NAME	
STREET ADDRESS	<b>4775 COLLINS AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *FELISBERTO CARVALHO* VICE PRES. 3/14/95 673-6644  
(Signature and typed or printed name of officer or director) (Date) (Phone Number)