

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V42106 (7)**  
1. Corporation Name  
**NEW FLORIDA PROPERTIES CORPORATION**



Principal Place of Business: **4775 COLLINS AVE. SUITE 305 MIAMI BCH. FL 33140 US**  
Mailing Address: **4775 COLLINS AVE. MIAMI BCH. FL 33140 US**

2. Principal Place of Business (21) Mailing Address (26)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/08/1992** 3a. Date of Last Report: **03/17/1995**  
4. FEI Number: **65-0337692** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CARVALHO, FELISBERTO J DE BULH**  
**4775 COLLINS AVE.**  
**MIAMI BCH. FL 33140**

81 Name: **STEPHEN A. FREEMAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **520 BRICKELL KEY DRIVE**  
83 City: **SUITE 0-305**  
84 City: **MIAMI** FL 85 Zip Code: **33131**

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: **4/30/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, STEPHEN A</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ATHAYDE, MUCIO</b>	
STREET ADDRESS	<b>4775 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARVALHO, FELISBERTO J.</b>	
STREET ADDRESS	<b>4775 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this statement and/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 a registered agent 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, as applicable, and that I am in full compliance with an address.

SIGNATURE: *[Signature]* DATE: **4/30/96 (205) 673-6644**

CR2E034 (12/95)