

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V49066 (6)**

1. Corporation Name
NEW STYLE, INC.



Principal Place of Business: **14610 NW 11TH CT MIAMI FL 33168**
Mailing Address: **14610 NW 11TH CT MIAMI FL 33168**

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **04/27/1995**

21. Principal Place of Business: **80-90 NE 71 ST**
22. Suite, Apt. #, etc.:
2a. Mailing Address: **14610 NW 11 CT**
27. Suite, Apt. #, etc.:

4. FEI Number: **65-0349975**
Applied For: Not Applicable

23. City & State: **MIAMI FLORIDA**
28. City & State: **MIAMI, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **33138**
25. Country:
29. Zip: **33168**
30. Country:

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

MOISE LATINUS
MILIGAN, ALPHONSO
1500 SAN REMO AVE
SUITE 217
CORAL GABLES FL 33146
MIAMI, FL 33168

81. Name: **MOISE LATINUS**
82. Street Address (P.O. Box Number is Not Acceptable): **14610 NW 11 CT**
83. City: **MIAMI**
84. State: **FL**
85. Zip Code: **33168**

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: **MOISE LATINUS**

(NOTE: Registered Agent's signature required when re-registering)

DATE: **04/05/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOISE, LATINUS	1.2 NAME	
STREET ADDRESS	14610 NW 11TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 119.07(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 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]** PRS

DATE: **04/05/96** (305) 688-7278

CR2E034 (12/95)