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95 APR 27 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **842281** (8)

1. Corporation Name
NOMAR INVESTMENTS, INC.

Principal Place of Business Mailing Address
2815 NW 17 AVE. **2815 NW 17 AVE.**
MIAMI FL 33142 **MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified 3a. Date of Last Report
12/29/1978 **04/19/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

City State City State

24 25 29 30

Country Country

4. FEI Number Applied For
98-0038858 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. 199.039, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R. V. MARTIN HARDWARE
2815 NW 17 AVE
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** Change Addition

NAME **VIDRI, RAMON**

STREET ADDRESS **644 CRANDOM BLVD**

CITY ST ZIP **KEY BISCAYNE FL**

TITLE **VD** Change Addition

NAME **VIDRI, RAMON JR**

STREET ADDRESS **644 CRANDOM BLVD**

CITY ST ZIP **KEY BISCAYNE FL**

TITLE **SD** Change Addition

NAME **VIDRI, PATRICIA**

STREET ADDRESS **644 CRANDOM BLVD**

CITY ST ZIP **KEY BISCAYNE FL**

TITLE **TD** Change Addition

NAME **VIDRI, RICARDO**

STREET ADDRESS **644 CRANDOM BLVD**

CITY ST ZIP **KEY BISCAYNE FL**

TITLE Change Addition

NAME

STREET ADDRESS

CITY ST ZIP

TITLE Change Addition

NAME

STREET ADDRESS

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(9)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if that is the case, or on an attachment with an affidavit.

SIGNATURE: X

Ramon Vidri

RAMON VIDRI 1/13/95 (305) 633-8163

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date Signature Herein