

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 # **L32725** (8)

1. Corporation Name
NORMANDY MANOR, INC.



Principal Place of Business: **1255 MARSEILLE DR. #17 MIAMI BEACH FL 33141**
Mailing Address: **1255 MARSEILLE DR. #17 MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **3355 Bruce de Leon Blvd. 202 Coral Gables, Fl 33134**
2a. Mailing Address: **3355 Bruce de Leon Blvd. 202 Coral Gables, FL 33134**

4. FEI Number: **65-0231539**
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
**BAUMBERGER, HANS
1265 MARSEILLE DRIVE #134
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent
81 Name: **Hans Baumberger**
82 Street Address (P.O. Box Number is Not Acceptable): **3355 Bruce de Leon Blvd.**
83 Suite: **202**
84 City: **Coral Gables** FL 85 Zip Code: **33134**

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]* **Hans Baumberger (V.P.E.D.)** DATE: **4-17-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	ALTIRRIBA, JUAN	
STREET ADDRESS	1255 MARSEILLE DR. #17	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	FRANCISCO, GILI	
STREET ADDRESS	1255 MARSEILLE DR. #17	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VTSD	<input type="checkbox"/>
NAME	BAUMBERGER, HANS	
STREET ADDRESS	1265 MARSEILLE DRIVE #134	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	3355 Bruce de Leon Blvd. #202		
3.4 CITY-ST-ZIP	Coral Gables, Fl 33134		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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]* **Hans Baumberger (Vice-President)** DATE: **4-17-96** (205) 469-5234

CR2E034 (12/95)