

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N03000004570

Entity Name: S/S NORWAY RELIEF AND MEMORIAL FUND INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1189934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/O () Delete
Name: REVELL, WALTER L CHAIR
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D/O () Delete
Name: LEVITT, JAY TREAS
Address: 7665 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33128

Title: D/O () Delete
Name: WARREN, MARK SEC
Address: 7665 CORPORATE CENTER DRIVE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: OYEN, JOHAN N
Address: 1001 NORTH AMERICA WAY
City-St-Zip: MIAMI, FL 33132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JIMENEZ, MARIA
Address: 1800 SE 32 STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WARREN

D/S

04/30/2004

Electronic Signature of Signing Officer or Director

Date