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 # P95000064033 (0)

1. Corporation Name
NORIELLE INVESTMENT CORPORATION

Principal Place of Business: ~~2900 CALZEDO STREET CORAL GABLES FL 33134~~

Mailing Address: ~~2900 CALZEDO STREET CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1305 S.W. 30 Avenue
Suite, Apt #, etc.
22
City & State
23 MIAMI, FLA
Zip 24 33145 Country 25 U.S.A

2a. Mailing Address
26 3400 Coral Way
Suite, Apt. #, etc.
27 600
City & State
28 MIAMI, FLA.
Zip 29 33145-3053 Country 30 U.S.A.

4. FEI Number: 65-0609776 — ☐ 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**

MARRERO, JULIO C
~~2902 SALZEDO STREET~~
~~CORAL GABLES FL 33134~~

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

81 Name: ELIZABETH CIMADEVILLA
82 Street Address (P.O. Box Number is Not Acceptable): 1305 S.W. 30 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33145

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] ELIZABETH CIMADEVILLA, PRESIDENT 03/07/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	CIMADEVILLA, ELIZABETH	
STREET ADDRESS	~~2900 CALZEDO STREET~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	
TITLE	VD	☐ DELETE
NAME	CIMADEVILLA, MANUEL	
STREET ADDRESS	~~2900 CALZEDO STREET~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	
TITLE	SD	☐ DELETE
NAME	CIMADEVILLA, DIGNORA	
STREET ADDRESS	~~2900 CALZEDO STREET~~	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1305 S.W. 30 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33145	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1305 S.W. 30 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL. 33145	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1305 S.W. 30 AVENUE	
3.4 CITY-ST-ZIP	MIAMI, FL. 33145	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001833429	☐ Change ☐ Addition
5.2 NAME	-05/22/96--01006--002	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] Elizabeth Cimadevilla 3/7/96 446-5202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #