## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ... **ANNUAL REPORT** Secretary of Statis 97 JUN 27 AM 6: 04 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F95962 (9) NOBLE-WISE CORP. Principal Place of Business Mailing Address 17891 S. DIXIE HWY. 17891 S. DIXIE HWY. MIAMI FL 33157-5430 MIAMI FL 33157-5430 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1982 06/24/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2226415 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Feos 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name

JUDITH C BUCNS

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

JUBBI SO DIXIE 81 NOBLE, EUNICE ROBINSON 17891 SOUTH DIXIE HIGHWAY 82 MIAMI FL 33157 83 84 City 85 Zip Code 333 1 S WILWI 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 emplamiliar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE: Fix gistered Agout signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRES/SEC/TREAS DELFTE 1.111111 **☑** Change Addition TITLE PRES/SEC/TREAS ROBINSON, JUDITH C. BURN NAME 1.2 NAME 17891 S. DIXIE HWY. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CHY-\$1-ZIP CITY-ST-ZIP DLLETE TITLE 2 1 TITLE NAME 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1IILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. Cilly - ST - 7iP ☐ Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 3 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - S1 - Z/P DELETE Change Addition TITLE 617/11/ NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY - \$1 - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 logal effect as if made under eath, 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