

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 # 680121 (1)

1. Corporation Name:

NORMAN CIMENT & ASSOCIATES, INC.



Principal Place of Business:

777 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

Mailing Address:

777 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
07/29/1980

3a. Date of Last Report
02/14/1995

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip Country:

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip Country:

4. FEI Number
59-2031625

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

10. Name and Address of New Registered Agent

CIMENT, NORMAN
801 ARTHUR GODFREY ROAD
MIAMI BEACH FL

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]

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Florida, this 14th day of February, 1995.

DATE:

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	<input type="checkbox"/> DELETE
2. NAME	CIMENT, NORMAN	
3. STREET ADDRESS	777 41ST ST.	
4. CITY, ST, ZIP	MIAMI BEACH FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NORMAN CIMENT	
3. STREET ADDRESS	407 LINCOLN RD Suite 704	
4. CITY, ST, ZIP	M.B. Fla 33139	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (305) 582-6100

CR2E034 (12/95)