

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F33736** (2)

1. Corporation Name
NOR-FEL EQUIPMENT CORP.



Principal Place of Business

**6760 BULL RUN RD. #445
P.O. BOX 52-1634
MIAMI FL 33152-8634**

Mailing Address

**6760 BULL RUN RD. #445
P.O. BOX 52-1634
MIAMI FL 33152-8634**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**RUBIO, FELIPE
6760 BULL RUN RD. #445
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified
05/07/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2102193

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

10. Name and Address of New Registered Agent

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 607.09(2) and 607.15(2), 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 607.20(5), Florida Statutes.

SIGNATURE

Signature of the person signing this report on behalf of the corporation

Signature of the person signing this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **RUBIO, FELIPE**
STREET ADDRESS **6760 BULL RUN RD. #445**
CITY-STATE-ZIP **MIAMI FL**

TITLE **ST** DELETE
NAME **RUBIO, HILDA M.**
STREET ADDRESS **6760 BULL RUN RD. #445**
CITY-STATE-ZIP **MIAMI FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(g), 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 officer 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 amendment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

305-477-2719
Daytime Phone #

CR2E034 (12/95)