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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F33736

(2)

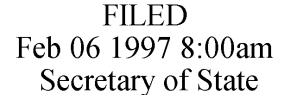
NOR-FEL EQUIPMENT CORP.

 Principal Place of Business
 Mailing Address

 6760 BULL RUN RD..#445
 6760 BULL RUN RD..#445

 P.O. BOX 52-1634
 P.O. BOX 52-1634

 MIAMI FL 33152-8634
 MIAMI FL 33152-1634





									3. Date Incorporated or Qualified 05/07/1981		e of Last R )3/1996	eport	
2. Principal P	lace of Busin	ess	28.	2a. Mailing Address					4. FEI Number	Applied For			
21				26					59-2102193			Not Applicable	
Suite, Apt. #, etc.				Suite Apt. #, etc.						( <u>-</u>	\$8.75		
22				27					5. Certificate of Status Desired		Fee Re		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution Added to Fees				
Ζip	Country Zip					Country	with the corporation rade intelling to intelligible tax and or or				. 199.032,		
24 25 29						30			Florida Statutes				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
RUBIO, FELIPE						81	Nam	е					
6760 BULL RUN RD.,#445 MIAMI LAKES FL 33014				•			82 Street Address (P.O. Box Number is Not Acceptable)						
[						84	1			FL		1	
11. Pursuant	to the provis	ions of Sections 607	.0502 and (	307.1508, Flori	da Statute	s, the abov	e-name	d corp	oration submits this statement for the ion's board of directors. I hereby acce	ourpose of	changing it	s registered	
office or a	reg-stered aç ım familiər w	jent, or both, in the 5 ith, and accent the c	State of Flori	ida. Such char if. Section 607	ige was ai .0505 . Flo	ulhorized b rida Statute	y the co	orporati	ion's board of directors. I hereby acce	pt the appo	ointment as	registered	
	1111 ((1111)))(11 42	in, and docept no c	zongations c	1, 000001011 001	.0000, 110	i i da Oldidio	Ψ.		•				
SIGNATURE	Signature, type:	For printed name of registers	ed agon; and Hile	r if applicable	(NOTE	Registered Ag	rangia Ine	re require	ed when reinstating)	DATE			
12.			AND DIRE			13.	<u>.</u>		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE	PD		***************************************	□ D	ELETE	1.1 TITLE					Change	Addition	
NAME	RUBIO,	FELIPE				1,2 NAME							
STREET ADDRESS 6760 BULL RUN RD.,#445						1,3 STREE	LADDRESS						
CITY - ST - ZIP	MIAMI F					1.4 CITY-		´ }				1	
TITLE	ST			Пр	F1 FTF	2,1 TITLE	31 - ZIF	+-			Change	Addition	
NAME		HILDA M.		<u>.                                    </u>	<b>-</b>	2.2 NAME					h		
		ILL RUN RD.#445											
STREET ADDRESS	MIAMI F		3			T ADDRESS	<b>,</b>						
CITY - ST - 7IP	MIAMIT	<u> </u>		D	EI ETE	2. 4 CITY-	ST-ZiP				Change	Addition	
TITLE				L., 1	LLEIC	3.1 TITLE					T CHRUBE	L. Addition	
NAME						3.2 NAME							
STREET ADDRESS						3.3 STREE	T ADDRES	S					
CITY - ST - ZIP	ļ			·		3.4 CITY-	ST-ZIP				-		
TITLE					ELETE	4.1 TITLE					Change	Addition	
NAME						4.2 NAME							
STREET ADDRESS	}					4.3 STREE	T ADORES	s					
CITY - ST - ZIP						4.4 CITY-	ST-ZIP						
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NAME	-					52 NAME		-					
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CITY-ST-7IP						5.4 City-		-				\ 	
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NAME				<del>_</del> .		62 NAME					•		
STREET AODRESS						6.3 STREE	T ANNOSCO						
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CITY-ST-ZIP	l	ob the information of	eredia al cuitto d	ilio Elico do o		6.4 CITY-	51 - ZIP		Lie Coation 110 07/2V/I) Floride Statut	an I from hor	and fire that	tho	

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 legal effect as if made under oath; that I am an officer or director of the consortion or the receiver of trust/e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 12 or Block 13 or Block 12 or Block 13 or Block 12 or Block 12 or Block 13 or Block 12 or Block 14 or Block 14 or Block 15 or Block 15

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/57 (305) 477-175