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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90005 035 ***150.00

DOCUMENT # F80264 1. Corporation Name

NOR-LAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

12120 SW 95TH STREET MIAMI FL 33186

12120 SW 95TH STREET

MIAMI FL 33186

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						3. Date Incorporated or Qualifed			
			•			05/07	/1982		
2. Principal Place of Business		2a.	2a, Mailing Address		4. FEI Number			Applied For	
21		26				59-21	98790		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State		28	City & State					5.00 May Be dded to Fees	
Zip	Country .	29	Zip Country			orporation owes the current y	year Intangible		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
LAND				81	Name				
LANDRY, JOHN E 12120 SW 95 STREET MIAMI FL 33186			82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City			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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition TITLE VSD □ DELETE 1,1 TITLE LANDRY, NORMA 1.2 NAME NAME 12120 SW 95TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE TITLE 2.1 TITLE LANDRY, JOHN E 2.2 NAME NAME 12120 SW 95TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-Z/P CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ■ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE



CR2E034 (11/98)