F COR ANN U	PROFIT PORATION JAL REPORT 1996	FLO	ER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
1. Corporation	MENT # G816 Name NOMA INC.	04	(2)					
Principal Place 1 NE 1\$7 \$ MIAMI FL 3	STREET 303	Mailing Add 1 NE 15 MIAMI F	ST STREET 303				II OFOT OFUS OIDI OIDI	L CTURIT OFFICIONES OFFICIALS
n Dringingt Di		De Molling	A delana			 Date Incorporated or Qualified 11/21/1983 FEI Number 	3a. Date of Las 04/26	/1995
2. Principal Pia 21	ace of Business	2a. Mailing	Address			59-2429072	-	Applied For Not Applicable
Suite, Ap., 1	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	9	City & S	itate			6. Election Campaign Financing Trust Fund Contribution	\$ 5	5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	3	Countr	у	B. This corporation has liability for Florida Statutes Statutes	intangible tax unde	ers 199.032,
<u>+</u>	9. Name and Address of Curre			8	Name	10. Name and Address of New F		
1 NE 1 MIAMI I	VIRMAL SINGH ST ST #303 FL 33132	2 and 607.1508, f	Iorida Statutes, 1	8: 8: 8: Ihe above	City	ddress (P.O. Box Number is Not Acceptat	FL 85	Zip Code its registered office
familiar wit	th, and accept the obligations of, Sec	tion 607.0505, Flo	orida Statutes.			ured when reinstating)	DATE	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		CTORS IN 12
TILE NAME	BAID, NIRMAL S.) DELETE	1. 1 TITLE 1.2 NAME		Vice - President BAID, Nirmal	[] Char	CTORS IN 12 607
STREET ADDRESS	1 N.E. 1ST ST. #303			1	T ADDRESS	- pame		EG
	MIAMI FL 33132		DELETE	1.4 CITY				\!!!
TITLE NAME STREET ADDRESS	DEEPAK, BANSAL 1 N.E. 1ST ST #303	¥	DELETE	2. 1 TITLE 2.2 NAME 2.3 STREE		Treasurer BAID, Nismal	🔲 Char	nge 🛛 Addition O
CITY - S1 - ZIP	MIAMI FL			2.4 CITY		Same		
TITLE NAME] DELETE	3 1 TITLE 3 2 NAME		BAID, Nirmal Same Baid, Nirmal Sand	[] Char	nge [2] Addition
STREET ADDRESS C(TY - ST - Z(P				3 3 STRE 3.4 CITY	ET ADDRESS ST - ZIP	- same -		
TITLE] DELETE	4. 1 TITLE		• • • • • • • • • • • • • • • • • • •	Char	nge 🔲 Addition
NAME STREET ADDRESS				4.2 NAME	T ADDRESS			
CHY-ST-ZiP				4.3 STR				
TITLE		[] DELETE	5 1 TITLE			🛄 Char	nge 🔲 Addition
				5 2 NAME	T ADDRESS			
NAME STREET ADDRESS					ST-ZIP			-
NAME STREET ADDRESS CITY - ST - ZIP				54 UIIY				
STREET ADDRESS City - St - Zip Titlf		Γ] DELETE	6. 1 TITLE			Char	nge 🔲 Addition
STREET ADDRESS City - St - Zip Title NAMF] DELETE	6. 1 TITLE 6.2 NAME			📋 Char	nge 📋 Addition
STREET ADDRESS City - St - Zip Titlf		C) DELETE	6. 1 TITLE 6.2 NAME	T ADDRESS		📋 Char	nge 🗋 Addition
STREET ADDRESS CITY - ST - ZIP TITLEF NAME STREET ADDRESS CITY - ST - ZIP 14. T do hereb certify that	t the information indicated on this and	with this filing is v	oluntarity furnishe	6. 1 TITUE 6.2 NAME 6.3 STREE 6 4 CITY od and do report is t	T ADDRESS ST-ZIP es not quali	ly for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607, F	.07(3)(k), Florida Sf same legal effect	latutes. I further as if made under