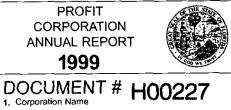
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NOR-DEC INTERNATIONAL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90037 040 ***150.00



Principal Place of Business Mailing Address						91911 BIBIT 9	11811 61611 1461
1890 NW 96 AVENUE 1890 NW 9		1890 NW 96 AVENUE					
MIAMI FL 33172		MIAMI FL 33172			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	ACE	 -
					04/23/1984		ł
- Di Di	t-co of Displace	2a. Mailing Address			4. FEI Number	TA	plied For
=					59-2413619	<u> </u>	ot Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75	
Suite, Apt.	#, 6 10.	27			5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intan	gible	
24	25	29 30				Yes	□No
-	9. Name and Address of Current				10. Name and Address of New Registered Ag	jent	
			8	1 Name			ì
MORA, OSWALDO J.			R	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
2050 CORAL WAY				2 0000070000			
SUITE 402			8	3			
MIAN	AI FL 33145		8	4 City		85 Zip (Code
				1	FL ¹	1 1	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such change was autho	orized D	y tne corporation	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointment of the purpose of chin's board of directors.	anging its nent as re	registered egistered
SIGNATURE					DATE		
	Signature, typed or printed name of registered agent			ent signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DES IN 12
12.	OFFICERS AND		13.	 		Change	Addition
TITLE	V	G Scienc	1.2 NAME		•		_
NAME	SUAREZ, GASTON M.	l l	l	ET ADDRESS			
STREET ADDRESS		1					
CITY-ST-ZIP	MIAMI FL		1.4 CITY- 2.1 TITLE			Change	☐ Addition
TITLE	S NADTA N	-	2.1 NAME				_
NAME	SUAREZ, MARTA N.			ET ADDRESS			
STREET ADDRESS			İ]
CITY-ST-ZIP	MIAMI FL		2.4 CITY 3.1 TITLE			Change	Addition
TITLE		_	3.2 NAME	[
NAME				ET ADDRESS			-
STREET ADDRESS		ł	3.4. CITY	1			(
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM				1
		1		ET ADDRESS			{
STREET ADDRESS			4.4 CITY				
CITY-ST-ZIP_ TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM			-	1
STREET ADDRESS	1			ET ADDRESS			1
		l l	5.4 CITY				Ì
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	☐ Addition
NAME			BR NAMI	ŧ		-	1
STREET ADDRESS:		/		ET ADDRESS			J
OTREE ADDRESS	· /	<i>'</i>	64 CITY				

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ith paradicts with all other like empowered. 14. I hereby certify that the information supplied with this filtre indicated on this annual report or supplemental annual report of supplemental annual report of the corporation or the leceiver of the Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE: