

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90016 029 ***150.00

DOCUMENT # H00227

1. Entity Name

NOR-DEC INTERNATIONAL, INC.



Principal Place of Business

1890 NW 96 AVENUE
MIAMI FL 33172

Mailing Address

1890 NW 96 AVENUE
MIAMI FL 33172

34022922



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2413619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORA, OSWALDO J.
2050 CORAL WAY
SUITE 402
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME SUAREZ, GASTON M.
STREET ADDRESS 301 PACIFIC ROAD
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D ☒ Change ☐ Addition
NAME SUAREZ, GASTON M.
STREET ADDRESS 301 PACIFIC ROAD
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE S ☐ Delete
NAME PISCHNER, MARTA S
STREET ADDRESS 5800 SW 89TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SUAREZ, GUSTAVO G
STREET ADDRESS 9140 FONTAINEBEAU BLVD, APT 401
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GASTON SUAREZ DIR.. 3/24/04 (305) 591-8050

Date

Daytime Phone #