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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - S1 - ZIF

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J79580

(3)

NORANDA HOLDINGS CORP.

Principal Place of Business Mailing Address 6429 FOREST LAKE DR 6429 FOREST LAKE DR ZEPHYRHILLS FL 33540-7530 ZEPHYRHILLS FL 33540 3. Date incorporated or Qualified 3a. Date of Last Report 06/25/1987 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0002548 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Ζφ Country Country Zip This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAQUETTE, CHRISTIAN P. 6429 FOREST LAKE DR 82 Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS FL 33540 83 R4 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Title Change Addition 1.1 TITLE VIAU, HENRI NAME 1.2 NAME 8508 MAGNOLIA DR STREET ADDRESS 1.3 STREET ADDRESS **GIBSONTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE PAQUETTE, CHRISTIAN P. NAME 2.2 NAME 9901 DAVIS STREET STREET ADDRESS 2.3 STREET ADDRESS GISBONTON FL CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COLY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7(P DELETE TILLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZE 5.4 CITY - ST-ZIP DELETE Addition HILE 6 1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 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.

CHAISTIAN