

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32826** (3)

1. Corporation Name

NORDINVEST, INC.

Principal Place of Business

1221 BRICKELL AVE
SUITE 1040
MIAMI FL 33131
US

Mailing Address

1221 BRICKELL AVE
SUITE 1040
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1986

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0127696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ANABAL PERAZA
1221 BRICKELL AVENUE
SUITE 1040
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

LILIAN THOME

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

1221 Brickell Av

83 Suite

Suite 1040

84 City

Miami

FL

85 Zip Code

33131

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 accepting, obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lilian Thome

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

(NOTE: Registered Agent signature required when reconstituted)

04/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
JANSTEIN, WOLFGANG HANS
AVENIDA BRIG. FARIA LIMA
SAO PAULO, BRAZIL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
LABRADOR, NILDA M
1221 BRICKELL AVE, SUITE 1040
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *X*

Janstein

PRESIDENT/DIRECTOR

04/27/95

(305) 372-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR