

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90147 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M61669

1. Corporation Name
NOHER, INC.



Principal Place of Business
 7171 CORAL WAY
 SUITE 200
 MIAMI FL 33155

Mailing Address
 7171 CORAL WAY
 SUITE 200
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suits, Apt. #, etc. *same.*
 22 City & State *same.*
 23 Zip Country

2a. Mailing Address
 26 Suits, Apt. #, etc. *same.*
 27 City & State *same.*
 28 Zip Country

3. Date Incorporated or Qualified
 10/29/1987

4. FEI Number
 52-1541162

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 OSORNO, LUIS G
 7171 CORAL WAY #200
 MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name: *JUAN M. OSORNO*
 82 Street Address (P.O. Box Number is Not Acceptable): *7171 Coral Way #200*
 83 City: *Miami*
 84 City: *Miami* FL 85 Zip Code: *33155*

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE: *Juan M. Osorno* DATE: *4/12/99*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OSORNO, HERNAN	<i>(President)</i>
STREET ADDRESS	7171 CORAL WAY #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CALERO, NOHEMI	
STREET ADDRESS	7171 CORAL WAY #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OSORNO, LUIS GERMAN	
STREET ADDRESS	7171 CORAL WAY 200	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Juan M. Osorno</i>	
1.3 STREET ADDRESS	<i>7171 Coral Way #200</i>	
1.4 CITY-ST-ZIP	<i>Miami, FL 33155</i>	
2.1 TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan M. Osorno*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (30S) 266-6692
 Date System Phone #

CR2E034 (1/98)