

**DOCUMENT # M61669**

1. Entity Name  
**NOHER, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 23 AM 10:47

00003485



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7171 CORAL WAY SUITE 200 MIAMI FL 33155	Mailing Address 7171 CORAL WAY SUITE 200 MIAMI FL 33155-1691
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>52-1541162</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**OSORNO, JUAN M**  
7171 CORAL WAY #200  
MIAMI FL 33155

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE <b>P</b>	NAME <b>OSORNO, HERNAN</b>	<input type="checkbox"/>
STREET ADDRESS <b>7171 CORAL WAY #200</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP</b>	NAME <b>CALERO, NOHEMI</b>	<input type="checkbox"/>
STREET ADDRESS <b>7171 CORAL WAY #200</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>V</b>	NAME <b>OSORNO, JUAN M</b>	<input type="checkbox"/>
STREET ADDRESS <b>7171 CORAL WAY 200</b>	CITY-ST-ZIP <b>MIAMI FL 33155</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
<p>200003150032--3 -02/28/00--01131--020 ***150.00 ***150.00</p>			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan M. Osorno **JUAN M. OSORNO** 1-7-00 (384) 236-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #