FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90133 033 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012398

1. Corporation Name

Principal Place of Business

NOGE INVESTMENTS, INC.

777 BRICKELL AVE 5TH FLOOR MIAMI FL 33131 US		777 BRICKELL AVE. 5TH FLOOR MIAMI FL 33131 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/17/1992			
2 Principal P	tace of Business	2a. Mailing Address			4 FEI Number		Ar	plied For
21 26		 	Tulling Flad 555		65-0375887		Not Applicable	
Suite, Apt.	# etc	- Suite, Apt. #, etc			•		\$8.75	
22		27			5. Certifcate of Status Desired		Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution			to Fees
Zip	Country Zip		Country		8. This corporation owes the currer	nt year Intai	ngible	
24	25	25 29 30		Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent	<u> </u>
_	·		81	Name				-
Cantor, Steven L 777 Brickell ave.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
5TH FLOOR			83					
MIAMI FL 33131			84	Cit.			85 Zip	Code
i				,		FL	1 .	
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature requir	ed when reinstating)	DATE		200 (1) 40
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	☐ Change	Addition
TITLE	PTSD	☐ DELETE	1.1 TITLE	,			C) Change	
NAME	CANTOR, STEVEN L	.	1.2 NAME					
STREET ADDRESS	777 BRICKELL AVE. 5TH FLOO	к.		TADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			☐ Change	Addition
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TITLE		□ OELETE	4.1 TITLE	1	,			
NAME ,	•		4. 2 NAME					1
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		1	TADDRESS)
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP			Change	[] Addition
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NAME				T ADDRESS			•	}
STREET ADDRESS			5.4 CITY-S				•	ļ
CITY-ST-ZIP			6.1 TITLE	, 211			Change	Addition
TITLE			6.2 NAME					
NAME	1		- · · · · · · · · · · · · · · · · · · ·					

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP