

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90107 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000047939

1. Corporation Name  
**NORIC, INC.**

Principal Place of Business

411 SO. COUNTY ROAD  
 SUITE NO. 200  
 PALM BEACH FL 33480

Mailing Address

215 S.W. LEJEUNE RD.  
 MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

65-0428086

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

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

2. Principal Place of Business

21 2333 Brickell Avenue

Suite, Apt. #, etc.

22 Suite D-1

City & State

23 Miami, Florida

Zip Country

24 33129

25 USA

2a. Mailing Address

26 2333 Brickell Avenue

Suite, Apt. #, etc.

27 Suite D-1

City & State

28 Miami, Florida

Zip Country

29 33129

30 USA

9. Name and Address of Current Registered Agent

DAVID, MARYANN Y  
 215 SW.W. LEJEUNE ROAD  
 MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

David, Maryann Y.

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

2333 Brickell Avenue

83 Suite D-1

84 City

Miami, Florida

FL

85 Zip Code

33129

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME DP OLSON, RICHARD

STREET ADDRESS 411 SO. COUNTY ROAD

CITY-ST-ZIP PALM BEACH FL 33480

TITLE  DELETE

NAME DST ROSEN, NORMAN

STREET ADDRESS 215 S.W. LEJEUNE ROAD

CITY-ST-ZIP MIAMI FL 33134

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME DP Olson, Richard

1.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1

1.4 CITY-ST-ZIP Miami, Florida 33129 USA

2.1 TITLE  Change  Addition

2.2 NAME DST Rosen, Norman

2.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1

2.4 CITY-ST-ZIP Miami, Florida 33129 USA

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 reports 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.

SIGNATURE:

*Norman S. Rosen*  
 SIGNATURE REQUIRED

Norman S. Rosen

4-13-99

305-859-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)