

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90036 029 ***150.00

DOCUMENT # **P94000054082**

1. Corporation Name
NOBLECOM INC.

Principal Place of Business
**1130 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139**

Mailing Address
**1130 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0516317

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

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

City & State

30

Country

9. Name and Address of Current Registered Agent

**COMBS, J.F.
1130 WASHINGTON AVE 5TH FLOOR
501 BRICKELL KEY DRIVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

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 **D** ☐ DELETE

NAME **COMBS, JEFFREY F**
STREET ADDRESS **1130 WASHINGTON AVENUE, 5TH FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE

NAME **MCAULIFFE, PAUL**
STREET ADDRESS **FIRST BOSTON, PARK AVENUE PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **DORAN, WILLIAM**
STREET ADDRESS **1221 AVE. OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE **C** ☐ DELETE

NAME **COMBS, JAMES F**
STREET ADDRESS **301 OCEAN DR, 402**
CITY-ST-ZIP **MIAMI BCH FL 33139**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

3056048800

Daytime Phone #

CR2E034 (11/98)