

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003177 (9)

1. Corporation Name

NORWOOD FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

20700 N.W. SECOND AVENUE
MIAMI FL 33169

20700 N.W. SECOND AVENUE
MIAMI FL 33169

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

65-0547221

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1600
MIAMI FL 33131

81 Name
HELIO OSTROVSKY

82 Street Address (P.O. Box Number is Not Acceptable)
934 S. SOUTHLAKE DRIVE

83

84 City HOLLYWOOD

FL 85 Zip Code 33019

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: HELIO OSTROVSKY, PRES.

Signature typed or printed name of registered agent and filer's application

(NOTE: Registered Agent signature required when reinstating)

1/18/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D KLEIN, SAMUEL
STREET ADDRESS
20700 N.W. SECOND AVENUE
CITY-ST-ZIP
MIAMI FL 33169

2. TITLE ☐ DELETE

NAME
D KLEIN, CHANA
STREET ADDRESS
20700 N.W. SECOND AVENUE
CITY-ST-ZIP
MIAMI FL 33169

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

NAME
P HELIO OSTROVSKY
STREET ADDRESS
934 S. SOUTHLAKE DRIVE
CITY-ST-ZIP
HOLLYWOOD, FL. 33019

2. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: HELIO OSTROVSKY, PRES.

Signature typed or printed name of registered agent and filer's application

1/18/96

DATE

(305) 654-3800

Daytime Phone #

CR2E034 (12/95)