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

CORPORATION ANNUAL REPORT

1996



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

P95000047298 (1) DOCUMENT #

NORTECH INTERNATIONAL, INC.

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Corporation NORTE	Name CH INTERNATIONAL, INC.	(1)		 							
Principal Place of	of Business	Mailing Address 100 WALL STREET SUITE 604 NEW YORK NY 10005									
100 WALL ST NEW YORK N	reet suite 604 Iy 10005										
					3. Date Incorporated or Qualified 06/14/1995	3a. Date of	o' Last Report				
2. Principal Pla	ce of Business	2a. Mailing Address			4. FET Number		X Applied For				
<u>1 / 6670</u>	E.ROGERS_CIRCLE	26 6670 E.ROGERS CIRCLE					Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #. etc. 27 BAY 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State BOCA	RATON, FLORIDA	City & State 28 BOCA RATON, FLORIDA			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zφ 4 33487	Country 25	^{Zvp} 33487	Cour 30	ntry	8. This corporation has liability for Florida Statutes Yes	intangible tax No	under s. 199.032,				
/	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent						
PLATT, RONALD L 4800 N FEDERAL HWY SUITE 104-A BOCA RATON FL 33431				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
				84 City		FL	85 Zip Code				
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida n, and accept the obligations of, Section	 Such chance was authorized 	the aborby the c	ve-named corpora orporation's beard	tion submits this statement for the pur Lof directors. Thereby accept the app	rpose of chan ointment as r	nging its registered office egistered agent. I am				
SIGNATURE _	Synature: typed or printed name of registers diagraphs	resternación de Mode	Fierge Hearn't	Agent separation requires	when operating	DATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS IN 12				
TITLE	D [] DELETE			TLF .	☐ Change ☐ Addition						
NAME	ME CUBEIRO, ENRIQUE			ME							
STREET ADDRESS 100 WALL STREET SUITE 604				REET ADDRESS							

Signature types or protect name of regions also take that the district of the transfer of the										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	(iii) DELETE	1 1 TITLE		Change	☐ Addition				
NAME	CUBEIRO, ENRIQUE		1.2 NAME							
STREET ADDRESS	100 WALL STREET SUITE 604		13 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10005		14 CI*Y - \$1 - 7P							
TITLE		DELFIE	2 1 DILE		Change	Addition				
NAME			2 2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2 4 CITY - ST - ZIP							
TITLE		DELETE	3 1 TIFLE		Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADORESS							
CITY-ST-7iP			3.4.CITY - ST - ZIP							
THLE		DELETE	4 1 T TLE		Change	☐ Addition				
NAME			4.2 NAME							
STREET ADDRESS			4 3 STREET ADDRESS							
CITY-ST-ZIP			4.4.CITY - ST - ZIP							
TITLE		DELETE	5 1 TIBLE		Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STHEET ADDRESS							
CITY - S1 - ZIP			5.4 CITY - ST - 7IP							
TITLE		☐ DELETH	6 1 HHrf		Change	Addit on				
NAME			6.2 NAME			•				
STREET ADDRESS			6.3 STREET ADDRESS							
CHTY-ST-ZIP			64 CHY ST ZIF							
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated in this princal report or suppliered at a rinual 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 elementarion in 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 3 of impact of input attachment with an address.										

SIGNATURE:

ENRIQUE CUBEIRO APRIL 24,1996

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(407)995-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayta) e Prione #