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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000048888** 

NORIC/FWB VENTURES, INC.

Principal Place of Business	
215 SOUTHWEST LE JEUNE ROAD- MIAMI FL 33134	

Mailing Address

215 SOUTHWEST LE JEUNE ROAD MIAMI FL 33134

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90034 026 \*\*\*150.00



DO NO	T WRI	TE IN 1	CIHT	SPAC
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3. Date Incorporated or Qualifed

								- 06	3/22 <u>/199</u> 5					1
2. Principal Pl	ace of Business	2a.	Mailing Address				1		l Number				Appli	ed For
	rickell Avenue	26	2333 Brickell	Ave	enu	ıe	-	-65	5-0591824			··	Not A	pplicable
Suite, Apt.			Suite, Apt. #, etc.						ertificate of Status	Desired		\$8.7		
Suite		27	Suite D-l					э. <b>С</b> е	nincale of Status	Desired		Fee	Requ	ired
City & State	9	<u> </u>	City & State					6. Ele	ection Campaign	Financing		\$5.0	00 м	ay Be
Miami,	Florida	28	Miami, Flori	.da				Tru	ust Fund Contribu	ıtion		Adde	ed to	Fees
Zip	Country		Zip	Coun	try			8. Th	is corporation ow	es the cur	ent year Inte	angible		,
24 33129	25 USA	29	33129 30	פט [	SA			Pe	rsonal Property 1	Гах		Yes		]No
	9. Name and Address of Current F	Regist	tered Agent				1	0. Na	me and Addres	s of New	Registered .	Agent		_
	-		<del></del>	8	31	Name			17 D					
MAR	y ann y. David			-	32				n Y Davi		able)			<u>-</u>
215	S.W. LEJEUNE ROAD			'	2			٠.	ickell A		aul <del>e</del> )			
MIAN	/I FL 33134			Į.	33		دددے		TCKETT A	Zenne				
	## 1 To 1	_			$\perp$	,	Suit	e D	)-1					
	<i>y</i>			1	84	City		_			FL		ip Co	
	to the provisions of Sections 607.0502 a		07.4500 Florido Ctatula-	the st		manad a	Miam	ion cu	Florida	ent for the	ournose of	changing	312	gistered
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	ia. Such change was authi	orizea i	ov tr	he corpor	ration's	board	of directors. I he	ereby acce	pt the appoir	ntment as	regis	tered
	and the second second	,												
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title it	f applicable. (NOTE: Rec	gistered A	gent s	signature req	quired whe				DATE			
12.	OFFICERS AND			13.				ADE	DITIONS/CHANG	ES TO OF	FICERS AN			
TITLE	DP		☐ DELETE	1.1 TITL	E	1	DP					Chan-	ge	☐ Addition
NAME	OLSON, RICHARD			1.2 NAW	ΙE			-	Richard					ļ
STREET ADDRESS	215 SOUTHWEST LE JEUNE RO	AD		1.3 STR	EETA	ADDRESS	2333	Br	rickell A	venue	Suite	D-1		i
CITY-ST-ZIP	MIAMI FL			1.4 CITY	/-ST-	ZIP :	Miam	ıi,	Florida	3312	9		USA	
TITLE	DST		☐ DELETE	2.1 TITL			DST					☐ Chan	ge	Addition
NAME	ROSEN, NORMAN S			2.2 NAM	Œ	-	Rose	en.	Norman S					
STREET ADDRESS	215 SOUTHWEST LE JEUNE RO	ΔD		2.3 STR	EET A	ADDRESS	2333	Br	ickell A	venue	~Suite	D-1		
	MIAMI FL	AD.		2.4 CIT		- (			Florida				USA	
CITY-ST-ZIP			☐ DELETE	3.1 TITL			D	,		<del></del>		☐ Chan		Addition
TITLE	D DOSEN CHEEODD D			3.2 NAM			_		Clifford	n :		-		
NAME	ROSEN, CLIFFORD D.							-		-	Card de a	D 1		
STREET ADDRESS	215 S.W. LEJEUNE ROAD								cickell Av		Suite		USA	
CITY-ST-ZIP	MIAMI FL		□ DELETE	3.4. CIT		-ZIP	mia <u>m</u>	<u>. e 1.1</u>	Florida	3312	7	[] Chan		Addition
TITLE			□ occetc										-	
NAME				4. 2 NA										
STREET ADDRESS			,			ADDRESS			•			•		
CITY-ST-ZIP				4.4 CITY		ZIP			<del></del> ,			[] Chan		☐ Addition
TITLE			☐ DELETE	5.1 TITL		İ			•			Clidii	ge	
NAME				5.2 NAM								3		
STREET ADDRESS						ADDRESS					•			
CITY-ST-ZIP				5.4 CITY		ZIP					<del></del>		<del>.</del>	
TITLE			DELETE	6.1 TITL								Chan	ige '	☐ Addition
NAME				6.2 NAM	Æ									
STREET ADDRESS				6.3 STR	EET A	ADDRESS						• •		
CITY-ST-ZIP				6.4 CITY	Y-\$T-	ZIP								
OH 1-01-ZIF	<del></del>	11-1- 6	112 - 1 - 115 - 5 - 41s		- 41 -		i- C	: 44	10.07(2)(i) Florid	- Statutos	I further cer	tifu that t	ho infe	-mation

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 on the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, p of an attachment with all address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Rosen

3-99 305-85

305-859-4900 Daytime Phone #