

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90011 049 ***150.00

DOCUMENT # **P95000052068**

1. Corporation Name

NORMARIE, INC.



Principal Place of Business

C/O CHASEN. 1000 VENETIAN WAY
#801
MIAMI FL 33139
US

Mailing Address

C/O CHASEN. 1000 VENETIAN WAY
#801
MIAMI FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

65-0594219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

CHASEN, JERRY S.
100 VENETIAN WAY
#801
MIAMI 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

I, 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

1. OFFICERS AND DIRECTORS

LE PD
ME WELBORN, ROB
REET ADDRESS 3841 NE 2ND AVE., 306
Y-ST-ZIP MIAMI FL 33139

LE D
ME CHASEN, JERRY S
REET ADDRESS 420 LINCOLN ROAD, SUITE 338
Y-ST-ZIP MIAMI BEACH FL 33139

LE
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REET ADDRESS
Y-ST-ZIP

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REET ADDRESS
Y-ST-ZIP

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REET ADDRESS
Y-ST-ZIP

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ME
REET ADDRESS
Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERRY S CHASEN

Date

Daytime Phone #

7/7/99 305674 9222

CR2E034 (5/99)

0126541

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587271-90011-49

NORMARIE, INC.
1000 Venetian Way, Apt. 801
Miami, FL 33139

July 2, 1999

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Normarie, Inc.

Greetings:

Please find enclosed the annual report for the above referenced corporation.

Although there was a statement on this notice that it was the second notice, please be advised that it was the first one you sent.

Therefore, please find enclosed the corporations check for \$150.00.

Yours,

Normarie, Inc.

by Jerry Simon Chasen

JSC/mmi