

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

CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

96 JAN -9 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A95000064780**

1. Corporation Name

NOR-TEC COMMUNICATIONS INC.

Principal Place of Business

**987 SW 71st Ave
N. LAUD.**

Mailing Address

**1790 SW 84 Terr
Miramar FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

95

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JEFF BEACH

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

3901 S. Ocean Dr

83

HOLLYWOOD FL

84 City

FL

85 Zip Code

33021

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: **Jeff S Beach** 1-6-96

12. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PATTI BEACH
STREET ADDRESS	1790 SW 84 Terr
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	DIRECTOR
NAME	ALFREDO SUSI
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SEC. / Tres.
NAME	Bernardo Susi
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATTI BEACH	
1.3 STREET ADDRESS	1790 SW 84 Terr	
1.4 CITY-ST-ZIP	MIRAMAR FL 33025	
2.1 TITLE	Remove FROM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CORPORATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Remove	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	FROM CORPORATION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	R/AGENT	
4.3 STREET ADDRESS	JEFF BEACH	
4.4 CITY-ST-ZIP	3901 S. OCEAN DR	
	HOLLYWOOD FL 33021	
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		

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)(b), 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: **Patti Beach** 1-6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #