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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000078411 (2) **DOCUMENT #** 1. Corporation Name

NORIC/COLUMBUS VENTURES, INC.

Mailing Address Principal Place of Business 215 SW LEJEUNE ROAD 215 SW LEJEUNE ROAD MIAMI FL 33134-1799 MIAMI FL 33134-1799 3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0617307 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zıp Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) DAVID, MARY ANN Y ESQ. 82 215 SW LEJEUNE ROAD 83 MIAMI FL 33134-1799 85 Zip Code City 84 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. DATE SIGNATURE (NOTE: Rogistered Agent signature required when reinstahrig) Signature, typed or printed harve of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE 101.6 Olson, Richard ROSEN, NORMAN S 1.2 NAME ZIS S.W LEJEUNE Rd. NAME 1.3 STREET ADDRESS 215 SW LEJEUNE ROAD Higmi, FL 33/34 STREET ADDRESS MIAMI FL 33134-1799 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE ROSEN, NORMAN S. 22 NAME ROSEN, CLIFFORD D NAME 215 & W Le-leune Road 2.3 STREET ADDRESS 215 SW LEJEUNE ROAD STREET ADDRESS MIAMI, FL 2.4 CITY - ST - ZIP MIAMI FL 33134-1799 CITY - ST-ZIP Addition ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME OLSON, RICHARD NAME 33 STREET ADDRESS 215 SW LEJEUNE ROAD STREET ADDRESS MIAMI FL 33134-1799 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 THEF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Addition CITY-ST-ZIP [] Change DELETE 5 1 TITLE THLE

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 cattly that I am an officer or directory of this corporation or the receiver or testee encowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 7a if charged, or on an attachment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6 3 STREET ADDRESS

64 CITY - ST - ZIP

5 4 CITY - ST - ZIP

SIGNATURE:

NAME

THLE

NAME

STREET ADDRESS

STHEET ADDRESS

CHTY - ST - ZIP

DELETE

4/16/96 (305)446-5663

Change

Addition

(12/95) CR2E034