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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000078411

1. Corporation Name
NORIC/COLUMBUS VENTURES, INC.



Principal Place of Business
215 SW LEJEUNE ROAD
MIAMI FL 33134-1799
Mailing Address
215 SW LEJEUNE ROAD
MIAMI FL 33134-1799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1995
4. FEI Number
65-0617307
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 owes the current year Intangible Personal Property Tax.
Yes No

2. Principal Place of Business
21 2333 Brickell Avenue
Suite, Apt. #, etc.
22 Suite D-1
City & State
23 Miami, Florida
Zip
24 33129
Country
25 USA
2a. Mailing Address
26 2333 Brickell Avenue
Suite, Apt. #, etc.
27 Suite D-1
City & State
28 Miami, Florida
Zip
29 33129
Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID, MARY ANN Y ESQ.
215 SW LEJEUNE ROAD
MIAMI FL 33134-1799

81 Name
David, Mary Ann Y. Esq
82 Street Address (P.O. Box Number is Not Acceptable)
2333 Brickell Avenue
83 Suite D-1
84 City
Miami, Florida
85 Zip Code
FL 33129

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME OLSON, RICHARD
STREET ADDRESS 215 SW LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL
TITLE STD
NAME ROSEN, NORMAN S.
STREET ADDRESS 215 SW LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL
TITLE D
NAME OLSON, RICHARD
STREET ADDRESS 215 SW LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33134-1799
TITLE
NAME
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 PD
1.2 NAME Olson, Richard
1.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1
1.4 CITY-ST-ZIP Miami, Florida 33129 USA
2.1 TITLE STD
2.2 NAME Rosen, Norman S
2.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1
2.4 CITY-ST-ZIP Miami, Florida 33129 USA
3.1 TITLE D
3.2 NAME Olson, Richard
3.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1
3.4 CITY-ST-ZIP Miami, Florida 33129 USA
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

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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: Norman S. Rosen 4-13-99 305-859-4900

CR2E034 (1/98)