

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000090272

1. Corporation Name
NORVIC, INC.

Principal Place of Business
1401 NORTHEAST 191ST STREET, UNIT 104D
NORTH MIAMI BEACH FL 33179

Mailing Address
1401 NORTHEAST 191ST STREET, UNIT 104D
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1995	
4. FEI Number 65-0620798	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 X Yes □ No	
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

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 restating)		DATE		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	NAME WACHHOLDER, NORMA 1401 NORTHEAST 191ST STREET, UNIT 104D NORTH MIAMI BEACH FL 33179	11. TITLE		□ Change		□ Addition		
		12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	21. TITLE		□ Change	
STREET ADDRESS		22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	31. TITLE	□ Change		□ Addition
CITY-ST-ZIP		32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	31. TITLE	□ Change		□ Addition
TITLE		42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	41. TITLE	□ Change		□ Addition
NAME		43. STREET ADDRESS	44. CITY-ST-ZIP	51. TITLE	□ Change		□ Addition	
STREET ADDRESS		52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	61. TITLE	□ Change		□ Addition
CITY-ST-ZIP		53. STREET ADDRESS	54. CITY-ST-ZIP	62. NAME	□ Change		□ Addition	
TITLE		63. STREET ADDRESS	64. CITY-ST-ZIP	61. TITLE	□ Change		□ Addition	
NAME		62. NAME	63. STREET ADDRESS	62. NAME	□ Change		□ Addition	
STREET ADDRESS		63. STREET ADDRESS	64. CITY-ST-ZIP	63. STREET ADDRESS	□ Change		□ Addition	
CITY-ST-ZIP		64. CITY-ST-ZIP		64. CITY-ST-ZIP	□ Change		□ Addition	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma Wachholder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/5/99 305) 354-3470
Date Daytime Phone #

CR2E034 (11/98)