

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90079 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000095094

1. Corporation Name  
**NORIC/DESTIN VENTURES, INC.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/13/1995**

4. FEI Number Applied For  
**65-0631438** 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 2a. Mailing Address  
 21 2333 Brickell Avenue 26 2333 Brickell Avenue  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Suite D-1 27 Suite D-1  
 City & State City & State  
 23 Miami, Florida 28 Miami, Florida  
 Zip Country Zip Country  
 24 33129 25 USA 29 33129 30 USA

9. Name and Address of Current Registered Agent  
**DAVID, MARY ANN Y**  
**215 SW LEJEUNE RD**  
**MIAMI FL 33134-1799**

10. Name and Address of New Registered Agent  
 81 Name **David, Mary Ann Y,**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DST</b> <input type="checkbox"/> DELETE	NAME <b>ROSEN, NORMAN S</b>	1.1 TITLE <b>DST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>215 SW LEJEUNE RD</b>		1.2 NAME <b>Rosen, Norman S</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.3 STREET ADDRESS <b>2333 Brickell Avenue Suite D-1</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>ROSEN, CLIFFORD D</b>	1.4 CITY-ST-ZIP <b>Miami, Florida 33129 USA</b>	
STREET ADDRESS <b>215 SW LEJEUNE RD</b>		2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>MIAMI FL 33134-1799</b>		2.2 NAME <b>Rosen, Clifford D</b>	
TITLE <b>DP</b> <input type="checkbox"/> DELETE	NAME <b>OLSON, RICHARD</b>	2.3 STREET ADDRESS <b>2333 Brickell Avenue Suite D-1</b>	
STREET ADDRESS <b>215 SW LEJEUNE RD</b>		2.4 CITY-ST-ZIP <b>Miami, Florida 33129 USA</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.1 TITLE <b>DP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME <b>Olson, Richard</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>2333 Brickell Avenue Suite D-1</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Miami, Florida 33129 USA</b>	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman S. Rosen REQUIRED Date 4-13-99 Daytime Phone # 305-859-4900

CR2E034 (11/98)