

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 # P96000026760

1. Corporation Name

NORMAR INVESTMENTS INCORPORATED

Principal Place of Business

420 LINCOLN ROAD STE 440
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD STE 440
MIAMI BEACH FL 33139

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90204 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0654572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 407 LINCOLN ROAD

Suite, Apt. #, etc.

22 SUITE 4-L

City & State

23 MIAMI BEACH, FL

Zip Country

24 33139-33135 25

2a. Mailing Address

26 407 LINCOLN ROAD

Suite, Apt. #, etc.

27 SUITE 4-L

City & State

28 MIAMI BEACH, FL

Zip

29 33139-33135 30

9. Name and Address of Current Registered Agent

BENNETT, JOSH ESQ.
420 LINCOLN ROAD STE 440
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

SAME AS CURRENT AGENT

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

407-LINCOLN ROAD

83

SUITE 4-L

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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 ☐ DELETE

NAME D TULMEN, NOYAN

STREET ADDRESS 424 CALLAN AVE, 308

CITY-ST-ZIP SAN LEANDRO CA 94577

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/99 (305) 538-4431

Date

Daytime Phone #