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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035627 (4)

NORIC/LANDESTIN VENTURES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business 215 S.W. LEJEUNE ROAD MIAMI FL 33134-1799 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1996 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 27 Country 28 29 30 R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No Q. Name and Address of Current Registered Agent DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD 225 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33134-1799 MIAMI FL 33134-1799 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O4/24/1996 2. Principal Piace of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zi
2. Principal Place of Business 2. Additing Address 2. Principal Place of Business 2. Each Mailing Address 2. Principal Place of Business 2. Applied For Applied For Applied For Sulte, Apt. #, etc. 3. Certificate of Status Desired Status Desired Fee Required 3. City & State 3. Certificate of Status Desired Fee Required 4. FEI Number 6. Election Campaign Financing Fee Required 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required 7. Trust Fund Contribution Added to Fees 7. Principal Place of Business 7. Certificate of Status Desired Fee Required 8. Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied For Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27 5. Certificate of Status Desired Fee Required City & State City & State City & State 28 Country Zip Country Zip Country Applied For Not
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 Country Zip Name Zip Country Zip Name Zip Zip Zip Zip Zip Zip Zip Zi
27 City & State City & State City & State City & State Country Zip Country Zip Added to Fees Country Zip Added to Fees Country Added to Fees Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD Street Address (P.O. Box Number is Not Acceptable)
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Parsonal Property Tax due June 30. Yes No No DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD Street Address (P.O. Box Number is Not Acceptable)
Zip Country Zip Country 30 S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
DAVID, MARY ANN Y 215 S.W. LEJEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
215 S.W. LEJEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
1 ORDER AUGUSTS (1.0. DOX NUMBER IS NOT ACCEPTABLE)
MIAMI FL 33134-1799
83
84 City 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 nature of registered depend and title if applicable. (NOTE Registered Agond signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1.12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE D DELETE 1.1 TITLE Change Addition
NAME ROSEN, NORMAN S 12 NAME
STREET ADDRESS 215 S.W. LEJEUNE ROAD 1.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33134-1799 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME ROSEN, CLIFFORD D 22 NAME
STREET ADDRESS 215 S.W. LEJEUNE ROAD 2.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33134-1799 2.4 CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D Change Addition
NAME OLSON, RICHARD 32 NAME
STREET ADDRESS 215 S.W. LEJEUNE ROAD 3.3 STREET ADDRESS
CITY-ST-ZIP MAMI FL 33134-1799 34. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 43 STREET ADDRESS
CTTY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE A DELETE 5.1 TITLE . Change Addition NAME A 5.2 NAME
NAME A 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS
CITY-S1-ZIP 5.4 CITY-S1-ZIP
TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attach repulsition of director.