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05-01-1999 90047 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P96000035627**

1. Corporation Name
NORIC/LANDESTIN VENTURES, INC.

Principal Place of Business	Mailing Address
215 S.W. LEJEUNE ROAD MIAMI FL 33134-1799	215 S.W. LEJEUNE ROAD MIAMI FL 33134-1799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: **04/24/1996**

4. FEI Number: **65-0661372** ☐ Applied For ☐ Not Applicable

5. Certifcate 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
22	Suite, Apt. #, etc.: Suite D-1	27	Suite, Apt. #, etc.: Suite D-1
23	City & State: Miami, Florida	28	City & State: Miami, Florida
24	Zip: 33129	29	Zip: 33129
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

DAVID, MARY ANN Y
215 S.W. LEJEUNE ROAD
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 FL
85 Zip Code: 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	ROSEN, NORMAN S		1.2 NAME	Rosen, Norman S.
STREET ADDRESS	215 S.W. LEJEUNE ROAD		1.3 STREET ADDRESS	2333 Brickell Avenue Suite D-1
CITY-ST-ZIP	MIAMI FL 33134-1799		1.4 CITY-ST-ZIP	Miami, Florida 33129 USA
TITLE	D	☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	ROSEN, CLIFFORD D		2.2 NAME	Rosen, Clifford D.
STREET ADDRESS	215 S.W. LEJEUNE ROAD		2.3 STREET ADDRESS	2333 Brickell Avenue Suite D-1
CITY-ST-ZIP	MIAMI FL 33134-1799		2.4 CITY-ST-ZIP	Miami, Florida 33129 USA
TITLE	D	☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	OLSON, RICHARD		3.2 NAME	Olson, Richard
STREET ADDRESS	215 S.W. LEJEUNE ROAD		3.3 STREET ADDRESS	2333 Brickell Avenue Suite D-1
CITY-ST-ZIP	MIAMI FL 33134-1799		3.4 CITY-ST-ZIP	Miami, Florida 33129 USA
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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	

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 4-13-99 305-859-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)