FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -1 AM 9:03

DOCUMENT # P96000038482

1. Corporation Name
Norax International, Inc.

Principal Place of Business / Mailing Address

c/o: Fred Hochsztein
2999 N.E. 191 Street
Suite 900
Aventura, FL 33180

same

3. Date Incorporated or Qualified: 5/2/96	3a. Date of Last Report: 5/3/96
4. FEI Number	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Fred Hochsztein
2999 N.E. 191 Street
Suite 900
Aventura, FL 33180

10. Name and Address of New Registered Agent

81 Name: William E. Gregory
82 Street Address (P.O. Box Number is Not Acceptable): 7600 Red Road
83 Suite 214
84 City: Miami FL 85 Zip Code: 33143

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: William E. Gregory — 4-28-97
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	Chairman Board of Directors ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Hernan A. Visser	12 NAME	T00002189247--0
STREET ADDRESS	7339 N.W. 79 Terrace	13 STREET ADDRESS	-05/22/97--01080--004
CITY-ST-ZIP	Miami, FL 33166	14 CITY-ST-ZIP	****165.00 ****165.00
TITLE	Director ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Julio Cesar De Macedo	22 NAME	
STREET ADDRESS	7307 N.W. 79 Terrace	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	24 CITY-ST-ZIP	
TITLE	Alfonso Martinez ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	President	32 NAME	
STREET ADDRESS	7307 N.W. 79 Terrace	33 STREET ADDRESS	SP 5/1/97
CITY-ST-ZIP	Miami, FL 33166	34 CITY-ST-ZIP	
TITLE	Secty - Treasurer ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Alvero Pineda	42 NAME	
STREET ADDRESS	7307 N.W. 79 Terrace	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: H. Visser — 4-28-97 — (305) 883-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #