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

- CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000044963 (2)

NORAM, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

1460 BW 65TH TERR PEMBROKE PINES FL 33025

2. Principal Place of Business

1460 6W 85TH TERR PEMBROKE PINES FL 33025-3314

## **FILED** Jun 05 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

6/27/07

05/28/1996

4. FEI Number

21 329	N. FEDERAL HWY	26		65-0673935	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
; City & State	AND BEACH, FL.	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330		Zip 29	Country 30		□ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
1480	ek, Hussam I SW 85th Terr Broke Pines FL 83025		B1 Name B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
			84 City	FI	
11. Pursuant foffice or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and accept the obligation of the color	lions of, Section 607.0505, Flo	orida Stat/ites	oration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
	Signature, typed or printed name of registered agen	and little if applicable (NOTE		red when resistating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D CAREV HIGGAN	☐ DELETE	1.1 TITLE		Change Addition
NAME	8adek, Hussam 1460 Sw 85th Terr		1.2 NAME		13
STREET ADDRESS	PEMBROKE PINES FL 33025		1.3 STREET ADDRESS		\i
CITY-ST-ZIP	D	DELETE	. 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	NOUR, MOHAMMED	- Ditte	2.2 NAME		Figure Figures 1
STREET ADDRESS	19390 COLLINS AVE #1226		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TUTLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	•		3.4 City-St-ZiP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	 		4.4 CITY - ST - 7IP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 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-\$T-ZIP		N. 11 - 10	6.4 C(TY - S1 - Z(P		
informatio am an of appears in	by certify that the information supplied in indicated on this annual report or selficer or director of the corporation or in Block 12 or Block 13 if changed, or	with this filing does not qualifupplemental annual report is to the receiver or trustee empowers on an attachment with an add	y for the exemption stated ue and accurate and that ered to execute this repor liess.	d in Section 119.07(3)(i), Florida Statutes I furth t my signature shall have the same legal effect a rt as required by Chapter 607, Florida Statutes;	er certify that the as if made under oath; that and that my name