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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P9700067590 (4)

NORLA	A IMPORT. &	EXPORT., INC.				
Principal Place Business Mailing Address						
2940 NW 99TH PLACE 2940 NW 99TH PLACE WHAMI FL 33172				•	DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					08/05/1997	
2. Principal P	N.W. 68nt	ST	29. Mailing Address 26 8309 N.W	. 68TH ST	4. FEI Number 65 - 077 1975	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				. 08111 OI		\$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & State		•	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	Country	8. This corporation owes or has paid the co	_ ' _ '
24 3 3 1 6 6 25 29 3 3 1 6 6 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
					10. Hamb and Address of New Adjistored	Agent
DIRCEU LACERDA, JOAO 2940 NW 99TH PLACE				90 Chrook Adda	(D.O. Day Musebasia Net Assentable)	
MAMI FL 33172				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
				83		
				84 City	FI	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 grantion fight, 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						
	Slonature, ped or print	d name of registered year	and title if applicable (NOTE	: Registered Agent signature requir	ed when reinstating) DATE	
12.	TOO!	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME		ERDA, JOAO		1.2 NAME		
STREET ADDRESS	2940 NW 99			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33			1.4 CITY-ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		****	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			- Otter	3.1 TILE 3.2 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			DELETÉ	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME			L DULL	5.1 TITLE 5.2 NAME		L' CHANGE L' RUGHIUIT
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 City - St - ZIP		
TITLE			DELETE	6.1 TITLE		Channe Addition

14. Thereby 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 acceiver 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 an analystation with an address.

6.2 NAME

S S S

NAME STREET ADDRESS

. MAR. 1698

470.2939

**FILED** 

Mar 20 1998 8:00am

Secretary of State