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FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90107 003 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000084240

1. Corporation Name

NORIC/CALLAWAY VENTURES, INC.



Principal Place of Business

215 SW LEJEUNE RD.
MIAMI FL 33134-1799

Mailing Address

215 SW LEJEUNE RD.
MIAMI FL 33134-1799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

2. Principal Place of Business

21 2333 Brickell Avenue

Suite, Apt. #, etc.

22 Suite D-1

City & State

23 Miami, Florida

Zip Country

24 33129 25 USA

2a. Mailing Address

26 2333 Brickell Avenue

Suite, Apt. #, etc.

27 Suite D-1

City & State

28 Miami, Florida

Zip Country

29 33129 30 USA

4. FEI Number

65-0787335

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID, MARY A
215 SW LEJEUNE RD.
MIAMI FL 33134-1799

10. Name and Address of New Registered Agent

81 Name

David, Mary Ann

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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, NORMAN S	1.2 NAME	Rosen, Norman S
STREET ADDRESS	215 SW LEJEUNE RD.	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 <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, CLIFFORD D	2.2 NAME	Rosen, Clifford D
STREET ADDRESS	215 SW LEJEUNE RD.	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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, RICHARD	3.2 NAME	Olson, Richard
STREET ADDRESS	215 SW LEJEUNE RD.	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Rosen

4-13-99

305-859-4900

Date

Daytime Phone #

CR2E034 (11/98)