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Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S37370 (1)
1. Corporation Name
NOBLE EXPORT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2550 N. FEDERAL HIGHWAY SUITE 4 FT. LAUDERDALE FL 33305 US		Mailing Address 5200 N. OCEAN BLVD. SUITE #903 FT. LAUDERDALE FL 33308 US	
2. Principal Place of Business 21 2350 NW 16th Ave. Suite, Apt. #, etc. 22		2a. Mailing Address 26 5200 N. Ocean Blvd. Suite, Apt. #, etc. 27 #903	
City & State 23 Miami Fla. Zip 24 33172		City & State 28 Ft. Lauderdale, Fla. Zip 29 33308	
Country 25 USA		Country 30 U.S.A.	
9. Name and Address of Current Registered Agent ROJCHIN, JOSEPH 5200 N. OCEAN BLVD. #903 FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name Rotchin, Joseph 82 Street Address (P.O. Box Number is Not Acceptable) 5200 N. Ocean Blvd. #903 83 84 City Ft. Lauderdale FL 85 Zip Code 33308	

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	1.1 TITLE	
NAME	ROJCHIN, JOSEPH	1.2 NAME	Rotchin
STREET ADDRESS	5200 N. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	ROJCHIN, FLORA	2.2 NAME	Rotchin
STREET ADDRESS	5200 N. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Joseph Rotchin, Secretary of State, 305-461-0012

CR2E034 (1097)