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FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V18164

(6)

1. Corporation Name

NOMA ENTERPRISES INC.

Principal Place of Business

2937 SW 27 AV #201
201
COCONUT GROVE FL 33133
US

Mailing Address

2937 SW 27 AV
201
COCONUT GROVE FL 33133-3772
US

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 ONE SE THIRD AVE

Suite, Apt. #, etc

22

City & State

23 MIAMI FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 ~~2937 SW 27 AV~~ ONE SE THIRD AVE

Suite, Apt. #, etc

27

City & State

28 MIAMI FL

Zip

29 33131

Country

30 USA

4. FEI Number

65-0315673

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

9. Name and Address of Current Registered Agent

MACHADO, MARCOS
2937 SW 27 AV
#201
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name American Information Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue, 28th Floor
83
84 City Miami FL 85 Zip Code 33131

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]
Signed, typed or printed name of registered agent and the applicable

[Signature]
President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FEHER, RICARDO
STREET ADDRESS 2937 SW 27 AVE
CITY- ST- ZIP MIAMI FL

TITLE D ☒ DELETE
NAME MACHADO, MARCOS
STREET ADDRESS 2937 SW 27 AV
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME FEHER RICARDO
1.3 STREET ADDRESS ONE SE THIRD AVE
1.4 CITY- ST- ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0177991

CR2E034 (9/96)