FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED)

1997

DOCUMENT # 1. Corporation Name

V19462

97 JAN 13 AM 10: 39

SECRETARY OF STATE.

| NORTH | LAND COMMUNICATION | TALLAHASSEE, FLORID | Λ. | | | | | |
|--|--|--|---------------------------------------|----------------------------------|---|--------------|---------------------------|--------------------------------|
| Principal Place | of Business | Mailing Address | ····· | | | | | |
| -4045 NW 97 Ave. 4045 NW 97 Ave. Miami, FL 33172 Miami, FL 331 | | | | • | | | | |
| | • | • | | | 3. Date Incorporated or Qualified 03/15/92 | 3a. Date | of Last Re | port |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | A | pplied For |
| | S.W. 73 Street | 26 5900 S.W. Suite, Apt. #, etc. | 73 S | tree | t 65-0315962 | | | lot Applicable |
| Suite Apt #. etc 2 Suite 200 | | Suite 200 | | 5. Certificate of Status Desired | Fee Required | | | |
| City & State Miami | , Florida | City & State Miami, Flo | rida | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Country | | 8. This corporation has liability for | r intangible | tax under : | s. 199.032, |
| 4 33143 | | 29 33143 30 | 0] | USA | Florida Statutes Yes | | | |
| | 9. Name and Address of Current | Registered Agent | | T | 10. Name and Address of New F | legistered A | igent | |
| | | | 81 | Name | | | | |
| Patricio Northland 4045 NW 97 Avenuo | | | 82 | Si'gel/ | Address (P.O. Box Number is Not Accept 0 S.W. 73 Street | able) | | |
| Miami, FL 33172 | | | | Sui | te 200 | | | |
| | • | | 84 | | | | 85 Zip | Code 3143 |
| | | | | City Mia | | FL | | |
| office or re agent I ar | o the provisions of Sections 607 0502 egistered agent, or both, in the State of in familiar with, and accept the obligat | and 607.1508, Florida Statutes, of Florida. Such change was auti ions of, Section 607.0505, Florid | the above horized by da Statute | e-named y the corp s | corporation submits this statement for the poration's board of directors. I hereby acc | ept the appo | changing i sintment as | ils registered s registered |
| SIGNATURE _ | Signature: Typed or printed name of registered agent | and lifte if annicable (NOTE B | legistered Age | ent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| TITLE | - - D/#- | DELETE | 1 1 TITLE | | VP/T/S/D | | K Change | Addition |
| NAME | Pátricio Northl | and | 1.2 NAME | | Patricio Northlan | d | | |
| STREE! ADDRESS | 4045 N.W. 97 Av | | 1.3 STREET | ADDRESS | 5900 S.W. 73 Stre | et, S | uite | 200 |
| CITY-ST-ZIP | Miami, Florida | 33172 | 1.4 CITY - S | ST - 21P | Miami, Florida 33 | 143 | | |
| TITLE | */3 - | DELETE | 2. 1 TITLE | · | P/D | | X Change | Addition |
| NAME | Marco Northland | • | 2 2 NAME | | Marco Northland | | | |
| STREET ADDRESS | 4045 N.W. 97 AV | enue | 2.3 STREET | ADDRESS | 5900 S.W. 73 Stre Miami, Florida 33 | et, S | uite | 200 |
| CITY-S1-ZIP | Miami, Florida | 551√5 | 2 4 CITY-5 | ST - ZIP | Miami, Florida 33 | 143 | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | | Change | Addition |
| NAME . | | | 3 2 NAME | | | | | |
| STREET ADDRESS | | | | 1 address | | | | 1,00 |
| CITY - ST - ZIP | | I DELETE | 3.4 CITY-5 | ST - ZIP | | | 1 166 | |
| TITLE | | ☐ DELETE | 4 1 TITLE | | | | Change | Addition |
| NAME CIOCCI LEDGEOG | | | 4 2 NAME | | | | | |
| STREE* ADDRESS | | | 4 3 STREET | | · | | | |
| CITY-ST-7-P TITLE | | DELETE | 4.4 CITY - 5 | si - ZIP | , | | Change | Addition |
| NAME | | L) OCCCIT | 5 1 TIPLE | | | | — Change | T Vogerion |
| NAME STREET ADDRESS | | | 5.2 NAME | I ANNOSTEC | | | | |
| | | | | LADDRESS | | | | |
| CITY ST-ZIP | | DELETE | 5.4 CITY S | 51 - ZIP | | | Change | Addition |
| NAME | | C offerst | 6.2 NAME | | | | C.milde | |
| STREET ADDRESS | • | | | ADDRESS | | | | |
| | | | - OUTINEL | - INVITEDO | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 deceiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or that my name appears in Block 12 m attachment with an address 305/377-6795

6.4 CITY - ST - ZIP

01/08/97

SIGNATURE:

CITY-ST-ZIP

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ву:

Date

Marco Northland, President

Dayrene Prone #



ACCOUNT NO. : 072100000032

REFERENCE : 219264

4303929

AUTHORIZATION

COST LIMIT

\$ 200.00

ORDER DATE: January 13, 1997

ORDER TIME: 9:23 AM

ORDER NO. : 219264-005

700002055317--1

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein

Greenberg Traurig Hoffman

22nd Floor

1221 Brickell Avenue Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME:

NORTHLAND COMMUNICATIONS, INC.

(2)

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS: