

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
1901 STEPHEN S. TRIMB BLDG.

APPROVED
MAY 15 1995

MAY 15 1995 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34650** (4)
NORAS ARCHITECTURAL ARTS INC.

Principal Office of Incorporation: **6200 SW 114 STREET MIAMI FL 33156**
Mailing Address: **6200 SW 114 STREET MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 05/05/1992		3a. Date of Last Report: 06/15/1994	
4. FEI Number: 65-0331139		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has adopted the alternative tax under 1391 of Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. State of Incorporation	22. State of Mailing Office	23. City & State	24. City & State
25. State of Mailing Office	26. State of Mailing Office	27. City & State	28. City & State
29. City & State	30. City & State		

9. Name and Address of Current Registered Agent: SALAZAR, NORA A. 6200 SW 114 STREET MIAMI FL 33156		10. Name and Address of New Registered Agent			
		B1 Name:	NORA A. SALAZAR		
		B2 Street Address (P.O. Box Number is Not Acceptable):			
		B3:	6200 SW 114 ST.		
		B4 City:	MIAMI FLA.	FL	B5 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0102 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 licensed and accept the appointment of Section 607.0102, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. NAME	PSD SALAZAR, NORA A. 6200 SW 114 ST. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(a) Florida Statutes. I further certify that the information indicated on this original report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made personally. That I am an officer or director of the corporation or the power or trustee empowered by resolution to sign this report as required by Chapter 607, Florida Statutes, and that my duties require me to file this report with the Department of State.

SIGNATURE:  **5-1-95** **663-1656**
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR