

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1999



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

99 JUL -3 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V34650**  
1. Corporation Name  
**NORA'S ARCHITECTURAL ARTS, INC.**

Principal Place of Business: **12500 SW 96 ST. MIAMI FL. 33186.**  
Mailing Address: **12500 SW 96 ST. MIAMI FL. 33186.**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **5/05/1992**

4. FEI Number: **65-0331139**

5. Certificate of Status Desired:  Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution:  **\$8.75** Additional Fee Required

7. This corporation owes the current year Intangible Personal Property Tax:  Yes  No **\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**NORA A. SALAZAR**  
**12500 SW 96 ST.**  
**MIAMI FL. 33186**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P/S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>SALAZAR NORA A.</b>	
STREET ADDRESS	<b>12500 SW 96 ST. MIAMI FL.</b>	
CITY-ST-ZIP	<b>33186</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

700002898167--1  
-06/08/99--01050--020  
\*\*\*\*220.00 | \*\*\*\*220.00

700002898167--1  
-06/08/99--01050--021  
\*\*\*\*180.00 | \*\*\*\*180.00

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: **Noras**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/99 (305) 270-0125**

CR2E034 (11/98)