FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V61088** **(3)**

1. Corporation Name

INVERSIONES NORSEN CO.

Principal Place of Business

251 CRANDON BLVD #930
KEY BISCAYNE FL 33149

Mailing Address

251 CRANDON BLVD #930
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: **09/01/1992**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **65-0360466** ☐ 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

2. Principal Place of Business

21 **251 Crandon Blvd**
Suite, Apt. #, etc.
22 **# 930**
City & State
23 **Key Biscayne, Florida**
Zip: 24 **33149** Country: 25 **USA**

2a. Mailing Address

26 **251 Crandon Blvd**
Suite, Apt. #, etc.
27 **# 930**
City & State
28 **Key Biscayne, Florida**
Zip: 29 **33149** Country: 30 **USA**

9. Name and Address of Current Registered Agent

MACDANIEL, JOHN M
TWO BISCAYNE BLVD.
ONE BISCAYNE TOWER SUITE 2975
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SENIOR, NORMAN
STREET ADDRESS: 251 CRANDON BLVD #930
CITY-ST-ZIP: KEY BISCAYNE FL

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP ☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP ☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP ☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. This filing is voluntary, I qualified and 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 added by an attachment with an arrow.

SIGNATURE: x _____ x _____ 3-4-96 305-361-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)