

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 334181 (5)**  
1. Corporation Name  
**NOVELTY SHOP INC**



Principal Place of Business <b>10 NW 2ND ST. MIAMI FL 33128</b>	Mailing Address <b>10 NW 2ND ST. MIAMI FL 33128-1822</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/23/1968</b>	3a. Date of Last Report <b>03/20/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1220140</b>	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GORFINKEL, NESTOR B, ESQ  
7 NW 2ND STREET  
SUITE 203  
MIAMI FL 33128**

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

11. Pursuant to the provisions of Sections 607.0507 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]*  
Signature of individual or principal name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORFINKEL, JULIUS H</b>	1.2 NAME	
STREET ADDRESS	<b>10 NW 2ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAPOZNIK, LAZARO</b>	2.2 NAME	
STREET ADDRESS	<b>10 NW 2ND ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORFINKEL, LEON</b>	3.2 NAME	
STREET ADDRESS	<b>10 NW 2ND ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAPOZNIK, CLARA</b>	4.2 NAME	
STREET ADDRESS	<b>10 NW 2ND ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAPOZNIK, JOSE</b>	5.2 NAME	
STREET ADDRESS	<b>10 NW 2ND ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 #

0255087

CR2E034 (9/96)