

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

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J33951 (1)**

1. Corporation Name
NOVALINE, INC.



Principal Place of Business: **256 UNIVERSITY DR STE 202 CORAL GABLES FL 33134 US**

Mailing Address: **255 UNIVERSITY DR STE 202 CORAL GABLES M 33134-6733 US**

3. Date Incorporated or Qualified: **09/11/1986**

3a. Date of Last Report: **02/06/1996**

4. FEI Number: **59-2722189**

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 **1920 S.W. 27 AVE.**

22 **MIAMI, FLORIDA**

23 **33145 USA**

2a. Mailing Address

26 **1920 S.W. 27 AVE.**

27 **MIAMI, FLORIDA**

28 **33145 USA**

9. Name and Address of Current Registered Agent

**KITZMAN, RAMON
8861 S.W. 196TH DR.
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name: **Michael Owhadi**

82 Street Address (P.O. Box Number is Not Acceptable): **9819 S.W. 93 TR**

83

84 City: **miami** FL 85 Zip Code: **33176**

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: **MICHAEL OWHADI** *[Signature]* DATE: **1-9-96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	OWHADI, MICHAEL	
STREET ADDRESS	8240 S.W. 89TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KITZMAN, RAMON	
STREET ADDRESS	8861 S.W. 196TH DR.	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OWHADI, Michael	
1.3 STREET ADDRESS	9819 S.W. 93 TR	
1.4 CITY-ST-ZIP	MIAMI FL 33176	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KITZMAN, RAMON	
2.3 STREET ADDRESS	8861 S.W. 196 DR.	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIBET OWHADI	
3.3 STREET ADDRESS	9819 S.W. 93 TR	
3.4 CITY-ST-ZIP	MIAMI FL 33176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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.

SIGNATURE: **Michael OWHADI** *[Signature]* DATE: **1/9/97** DAYTIME PHONE #: **(305) 445-6988**

CR2E034 (9/96)