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

DOCUMENT # P97000016821

1. Corporation Name

NOVIS II. INC.

Principal Place of Business	Mailing Address 12831 SOUTH CALUSA CLUB DRIVE MIAMI FL 33186			
12831 SOUTH CALUSA CLUB DRIVE MIAMI FL 33186				
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FILED Apr 20, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address					T (SAILENC LIG CATIL 1981) CONT. BOTH BALL ORISK HEAT HOLY OLIGI INNE CINET HOLY CON		
12831 SOUTH CALUSA CLUB DRIVE 12831 SOUTH CALUSA CLUB DRIVE MIAMI FL 33186 MIAMI FL 33186							
						DO NOT WRITE IN THIS SPACE	
• · ·	en e		٠.	•		3. Date Incorporated or Qualifed 02/21/1997	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0763637 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5, Certificate of Status Desired \$8.75 Additional	
22 27						ree required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 29	Coun 30	uy		This corporation owes the current year Intangible Personal Property Tax.	
	Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registered Agent	
 	TINOUTO 0401 00 0			31	Name		
CORTINOVIS, CARLOS G 12831 SOUTH CALUSA CLUB DRIVE			ļ	32	Street Addr	dress (P.O. Box Number is Not Acceptable)	
MAIM	MI FL 33186		1	33	 		
	u.			34	City	85 Zip Code	
				- 1	,	FL '	
office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State, in familiar with, and accept the obligations.	of Florida. Such change was a	uthonzea.	ov i	the corporation	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	A and title if anyticable (NOTE	: Pesistered A	cont	t cianature require	red when reinstating) DATE	
12		ID DIRECTORS	13.	gen	I signaturo requirer	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	E		☐ Change ☐ Additi	
NAME	CORTINOVIS, CARLOS G		1.2 NAN	Œ	1		
STREET ADDRESS		DR.	1.3 STR	EET	ADDRESS	1	
CITY-ST-ZIP	MIAMI FL 33186	2 11.	1.4 CITY	- ′-Sτ	r-zié		
TITLE	VPST	☐ DELETE	2.1 TITL			☐ Change ☐ Addit	
NAMÉ	CORTINOVIS, MARIA A	بالمال المستحدد المالي المالي	2.2 NAN	E.			
STREET ADDRESS		DR.	2.3 STR	EET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2.4 ÇIT	Y- 5	T-ZIP		
TITLE		☐ DELETE	3.1 ΠΠ,			☐ Change ☐ Addit	
NAME			3.2 NAM	Œ	}		
STREET ADDRESS		•	3.3 STR	EET	T ADDRESS		
CITY-ST-ZIP			3.4. CfT	Y-S1	T-21P		
TITLE		☐ DELETE	4.1 TITL	£		☐ Change ☐ Addit	
NAME			4. 2 NA	ИΕ			
STREET ADDRESS	Į.		4.3 STR	EET	ADDRESS	∳	
CITY-ST-ZIP			4.4 CIT	_	r-zip		
TITLE	.	☐ DÉLETE	5.1 TITL			Change ☐ Addit	
NAME	ţ		5.2 NAM			ं ड्	
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP' **			5.4 CfT		r-ziP		
TITLE	}	☐ DELETE	6.1 TITL		}	☐ Change ☐ Addit	
NAME			6.2 NAX				
STREET ADDRESS		•			F ADDRESS		
	1		64000	/-ST	1-712 1		

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 attackment with an address, with all other like empowered.

SIGNATURE: