

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V25566** (3)

1. Corporation Name  
**NOVA DOMUS ARCHITECTURAL CORPORATION**

Principal Place of Business Mailing Address  
**1312 CORAL WAY MIAMI FL 33145** **1312 CORAL WAY MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/01/1992** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **300 ARAGON AVE** 26 **300 ARAGON AVE**

4. FEI Number **65-0324695** Applied For Not Applicable

Suite, Apt. #, etc. 27  
22 **340** 27 **340**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 28  
23 **CORAL GABLES FLORIDA** 28 **CORAL GABLES FL. 9**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **3313A** 25 **USA** 29 **3313A** 30 **USA**

6. This corporation has liability for intangible tax under s. 198.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CORAZZINI, PABLO  
1312 CORAL WAY  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81 Name **CORAZZINI, PABLO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1326 MILAN AVE.**  
84 City **CORAL GABLES, FL** FL 85 Zip Code **33134**

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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D**  
12 NAME **CORAZZINI, PABLO**  
13 STREET ADDRESS **1312 CORAL WAY**  
14 CITY, ST, ZIP **MIAMI FL**

11 TITLE  Change  Addition  
12 NAME **D. CORAZZINI, PABLO**  
13 STREET ADDRESS **1326 MILAN AVE.**  
14 CITY, ST, ZIP **CORAL GABLES FL 33134**

11 TITLE **D**  
12 NAME **VITALINI, LUIGI**  
13 STREET ADDRESS **1312 CORAL WAY**  
14 CITY, ST, ZIP **MIAMI FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is substantially furnished and claim not qualify for the exemption stated in Section 119.07(4), Florida Statutes. I further certify that the information submitted 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. 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 attached, or as an attachment with an address.

SIGNATURE: **Pablo Corazzini** PABLO CORAZZINI  
PRINT NAME AND VALID OFFICIAL NAME OF SIGNER OR OFFICER OR DIRECTOR

APRIL 26, 95 (305) 567 06 02