

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:45

DOCUMENT # 262217 (3)

1. Corporation Name

NOVIE ICELAND INC

Principal Place of Business

**64 N E 73RD ST
MIAMI FL 33138**

Mailing Address

**64 N E 73RD ST
MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/27/1962	3a. Date of Last Report 10/04/1994
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4. FEI Number 59-0977327	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMES, STUART
STE 2200 150 W FLAGLER ST
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	1.1 TITLE ☐ Change ☐ Addition
NAME KARCH, BARRY	1.2 NAME
STREET ADDRESS 6120 CHAPMAN FIELD DR.	1.3 STREET ADDRESS
CITY - ST - ZIP MIAMI FL	1.4 CITY - ST - ZIP
TITLE ST	2.1 TITLE ☐ Change ☐ Addition
NAME KARCH, CAROL HOFFMAN	2.2 NAME
STREET ADDRESS 6120 CHAPMAN FIELD DR	2.3 STREET ADDRESS
CITY - ST - ZIP MIAMI FL	2.4 CITY - ST - ZIP
TITLE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY - ST - ZIP	3.4 CITY - ST - ZIP
TITLE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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

[Signature]
Barry Karch

[Signature]
5/21/95 305 7592458