

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

**FILED**  
**May 19 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 # F44846 (6)**

1. Corporation Name  
**NOVA RESTAURANTS INC.**



Principal Place of Business <del>P O BOX 132720</del> <b>SOUTH MIAMI FL 33243-9720</b>	Mailing Address <del>P O BOX 132720</del> <del>SOUTH MIAMI FL 33243-9720</del>
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3. Date Incorporated or Qualified <b>09/14/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2292211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>5480 SW 94 Terr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5480 SW 94 Terr</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami FL</b>	27 City & State 28 <b>Miami FL</b>
24 Zip <b>33154</b> 25 Country <b>USA</b>	29 Zip <b>33156</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**CABRERA, EMILIO JR**  
**1400 AGUA AVE.**  
**CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5480 SW 94 Terr</b>
83	
84 City	<b>miami</b>
85 Zip Code	<b>FL 33156</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CABRERA, EMILIO, JR.</b>	
STREET ADDRESS	<b>1400 AGUA AVE.</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CABRERA, HILDA I</b>	
STREET ADDRESS	<b>1400 AGUA AVE</b>	
CITY - ST - ZIP	<b>CORAL GABLES, FL 0</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

**500002196305**  
**-05/30/97--01077--011**  
**\*\*\*1155.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Hilda Cabrera* **HILDA I CABRERA** 4/24/97 (305) 663-9314

Date Daytime Phone #

CR2E034 (9/96)