## 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 # K78352

NOVELTY PLACE, INC.

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90130 025 \*\*\*150.00



	•						
Principal Place of Business Mailing Address					r 19838131 Off 18881 shidd 11585 Gillio trac Arati Prani Antis anni Arati Cani		
C/O AMPARO FAJARDO 7827-B WEST FLAGLER STREET MIAMI FL 33144-2363		C/O AMPARO FAJARDO 7827-8 WEST FLAGLER STREET MIAMI FL 33144-2363		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/06/1989	e.r	ł
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 26		26			65-0114662		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	11 +	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	<u> </u>	00 May Be	
23		28		Trust Fund Contribution	1 1	ed to Fees	
Zip	Country Zip		Country		8. This corporation owes the current	nt year Intangible	
24	25	29	)		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
,				Name		,	
FAJARDO, AMPARO			82	Street Ad	dress (P.O. Box Number is Not Acceptab	nle)	<del></del>
7827-B WEST FLAGLER STREET			02	Sileet Au	diess (F.O. Dox Humber is Not Absorted		
MIAMI FL			83				
			84	City		FL 85 Z	Cip Code
				<u> </u>	and the second second	:	ite registered
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	ST .	☐ DELETE	1.1 TITLE			☐ Chang	ge 🖺 Addition
NAME	Fajardo, amparo		1.2 NAME			-	ł
STREET ADDRESS	7827-B W. FLAGLER ST.		1.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 14		1.4 CITY-S	T-ZIP			
TITLE	VD .	☐ DELETE	2.1 TITLE			☐ Chan	ige
NAME	PENA, ANA FAJARDO		2.2 NAME			•	ĺ
STREET ADDRESS	7827-B W. FLAGLER ST.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL	و محمده بده ي	2. 4 CITY-S	ST-ZIP			^ ~ _
TITLE .	PD	☐ DELETE	3.1 TITLE			☐ Chan	ge Addition
NAME	FAJARDO, ALVARO		3.2 NAME			-	Ì
STREET ADDRESS	7827-B W. FLAGLER ST.		3.3 STREE	TADDRESS			Į.
CITY-ST-ZIP	MIAMI FL		3.4. CITY- S				
TITLE	100 and 1 C	☐ DELETE	4.1 TITLE			☐ Chan	ige Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			-
CITY-ST-ZIP			4.4 CITY-S				
TITLE	<u> </u>	DELETE	5.1 TITLE			. Chan	nge
			5.2 NAME			<del></del>	·
NAME	· '			T ADDRESS			
STREET ADDRESS			5.4 CITY-S		•		İ
CITY OT 710			= v.+ v///**	(			

14. I hereby certify that the information supplied with this filling 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, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

305-264-6401

Addition

Change