

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M06476 (9)
1. Corporation Name
NOVELTY CORPORATION



Principal Place of Business
**4545 N.W. 7TH ST.
SUITE 12
MIAMI FL 33126**

Mailing Address
**4545 N.W. 7TH ST.
SUITE 12
MIAMI FL 33126**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
10/16/1984

3a. Date of Last Report
08/11/1995

4. FEI Number
59-2454312

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROZENMUTER, FABIAN D
4545 N.W. 7TH ST.
SUITE 12
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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 of officer or director of corporation or registered agent and title in parentheses

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROZENMUTER, SILVIO	
STREET ADDRESS	4545 N.W. 7TH ST.	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROZENMUTER, FABIAN D.	
STREET ADDRESS	4545 N.W. 7TH ST.	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROZENMUTER, EVA, CELIA	
STREET ADDRESS	4545 N.W. 7TH ST.	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROZENMUTER, WALTER, M	
STREET ADDRESS	4545 N.W. 7TH ST.	
CITY - ST - ZIP	MIAMI FL 33126	
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	

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIAN ROZENMUTER

11/9/96

(305) 381-7737

CR2E034 (12/95)