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 # M23686 (2)

1. Corporation Name

THE NOVECENTO CORPORATION

Principal Place of Business	Mailing Address
% FRANZ CAPRARO 2399 N.E. SECOND AVE. MIAMI FL 33137	% FRANZ CAPRARO 2399 N.E. SECOND AVE. MIAMI FL 33137

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: 11/21/1985
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2615078 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPRARO, FRANZ
2399 N.E. SECOND AVE.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: LEFF, CATHY A.
82 Street Address (P.O. Box Number is Not Acceptable): 2399 NE 2ND AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33137

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: Cathy Leff — 4-17-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

	12. Officers and Directors	Delete
TITLE	D	☐
NAME	WOLFSON, MITCHELL JR.	
STREET ADDRESS	2399 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒
NAME	CAPRARO, FRANZ	
STREET ADDRESS	2399 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒
NAME	AUERBACH, HAROLD	
STREET ADDRESS	2399 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐
NAME	LEFF, CATHY A.	
STREET ADDRESS	1000 VENETIAN WAY #706	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	13. Additions/Changes	Change	Addition
1.1 TITLE		☐	☐
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VP	☒	☐
4.2 NAME	LEFF, CATHY A.		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	T	☐	☒
5.2 NAME	LEONARD, COMAN C.		
5.3 STREET ADDRESS	2399 NE 2ND AVENUE		
5.4 CITY-ST-ZIP	MIAMI, FL 33137		
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
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 119.07(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: Cathy Leff — 4.17.96 — 305 5730444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)