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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M23686

(2)

1. Corporation Name

THE NOVECENTO CORPORATION

Principal Place of Business

2399 N.E. SECOND AVE.
MIAMI FL 33137

Mailing Address

2399 N.E. SECOND AVE.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

2318 NE 2nd Ct.

Suite, Apt. #, etc.

27

City & State

28

Miami, Florida 33137

Zip

Country

29

33137

30

U. S. A.

9. Name and Address of Current Registered Agent

LEFF, CATHY A.
2399 NW 2ND AV
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

Datorre, Zolla

82 Street Address (P.O. Box Number is Not Acceptable)

2318 NE 2nd Ct.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 1998

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WOLFSON, MITCHELL JR.

STREET ADDRESS

2399 N.E. SECOND AVE.

CITY-ST-ZIP

MIAMI FL

TITLE

VP

☒ DELETE

NAME

LEFF, CATHY A.

STREET ADDRESS

1000 VENETIAN WAY #708

CITY-ST-ZIP

MIAMI FL

TITLE

T

☐ DELETE

NAME

LEONARD, COMAN C.

STREET ADDRESS

2399 NE 2ND AV

CITY-ST-ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

WOLFSON, MITCHELL JR.

1.3 STREET ADDRESS

2318 NE 2nd Ct.

1.4 CITY-ST-ZIP

MIAMI, Florida 33137

2.1 TITLE

S

☐ Change ☒ Addition

2.2 NAME

DATORRE, ZOILA

2.3 STREET ADDRESS

2318 NE 2nd Ct.

2.4 CITY-ST-ZIP

Miami, Florida 33137

3.1 TITLE

T

☒ Change ☐ Addition

3.2 NAME

LEONARD, COMAN

3.3 STREET ADDRESS

2318 NE 2nd Ct.

3.4 CITY-ST-ZIP

Miami, Florida 33137

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1998 305-5830444

CR2E034 (10/97)