

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M41798** (3)

1. Corporation Name
NOPAWA, INC.



Principal Place of Business
**ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131**

Mailing Address
**ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 02/20/1995
4. FEI Number 65-0019595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
1400 AMERIFIRST BLDG.
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 and 607.1408, 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 607.0592, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1. TITLE	D
NAME	ARIONE RICHARD	12. NAME	GOSSEN ANTONIUS TONIUS
STREET ADDRESS	1 SE 3RD AVE #1400	13. STREET ADDRESS	THE PIER, MELFORT P.A. 344X0.
CITY, ST, ZIP	MIAMI FL	14. CITY, ST, ZIP	KILMELFORD ABYLL SCOTLAND.
TITLE	PTD	2. TITLE	
NAME	JACKSON, CARLA	22. NAME	
STREET ADDRESS	1 SE 3RD AVE #1400	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24. CITY, ST, ZIP	
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied by 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 person 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 changes from the attached with an affidavit.

SIGNATURE: **A. T. Gossen,** 4th March 1996 44-1852-20333
DIRECTOR

CR2E034 (12/95)