

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19176** (7)

1. Corporation Name  
**NOVO INDUSTRIES, INC.**



Principal Place of Business: **7611 RAILHEAD LANE HOUSTON TX 77086**  
Mailing Address: **7611 RAILHEAD LANE HOUSTON TX 77086**

3. Date Incorporated or Qualified: **05/09/1988** 3a. Date of Last Report: **05/31/1995**  
4. FLE Number: **76-0195197** 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. 190.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**ART AGUIAR  
11801 N.W. 100TH RD.  
#15  
MEDLEY FL 33178**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.05(2) or 1107.15(2), 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 607.05(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 NAME: <b>PD LADJEVARDIAN, MASOUD</b>	<input type="checkbox"/> DELETE	1101 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 STREET ADDRESS: <b>7611 RAILHEAD LANE HOUSTON TX 77086</b>		1102 STREET ADDRESS: _____	
1103 CITY & STATE: _____		1103 CITY & STATE: _____	
1104 NAME: <b>PD LADJEVARDIAN, AKBAR</b>	<input checked="" type="checkbox"/> DELETE	1104 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105 STREET ADDRESS: <b>7611 RAILHEAD LANE HOUSTON TX 77086</b>		1105 STREET ADDRESS: _____	
1106 CITY & STATE: _____		1106 CITY & STATE: _____	
1107 NAME: <b>D MOKHTARI, HOSSEIN</b>	<input checked="" type="checkbox"/> DELETE	1107 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108 STREET ADDRESS: <b>7611 RAILHEAD LANE HOUSTON TX 77086</b>		1108 STREET ADDRESS: _____	
1109 CITY & STATE: _____		1109 CITY & STATE: _____	
1110 NAME: <b>CFO HARNDEN, S.M.</b>	<input type="checkbox"/> DELETE	1110 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 STREET ADDRESS: <b>7611 RAILHEAD LANE HOUSTON TX 77086</b>		1111 STREET ADDRESS: _____	
1112 CITY & STATE: _____		1112 CITY & STATE: _____	
1113 NAME: <b>S KOOROS, HAMID</b>	<input checked="" type="checkbox"/> DELETE	1113 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1114 STREET ADDRESS: <b>7611 RAILHEAD LANE HOUSTON TX</b>		1114 STREET ADDRESS: _____	
1115 CITY & STATE: _____		1115 CITY & STATE: _____	
1116 NAME: _____	<input type="checkbox"/> DELETE	1116 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1117 STREET ADDRESS: _____		1117 STREET ADDRESS: _____	
1118 CITY & STATE: _____		1118 CITY & STATE: _____	

14. I 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 indicates that 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on the instrument with an address.

SIGNATURE: *S.M. Harnden* S.M. Harnden 2/21/95 (913) 447-6686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone No.

CR2E034 (12/95)