

**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 # **P93000040560 (3)**

1. Corporation Name  
**NOVA STUDIO FLORIDA INC.**



Principal Place of Business: **346 OFFICE PLAZA, MAGNOLIA OFFICE CENTER, TALLAHASSEE FL 32301**  
Mailing Address: **C/O ADAM R. SCHIFFMAN, P.A., 2999 NE 191 ST., NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified: **06/08/1993**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0419726**  
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: **SCHIFFMAN, ADAM R, 2999 NE 191 STREET, SUITE 900, NORTH MIAMI BEACH FL 33180**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTIONIOLI, VITTORIO	1.2 NAME	
STREET ADDRESS	1000 ISLAND BLVD., #2505	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	1.4 CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIMI, DARIO	2.2 NAME	
STREET ADDRESS	1000 ISLAND BLVD., #2505	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARELLI, WALTER	3.2 NAME	
STREET ADDRESS	1000 ISLAND BLVD., #2505	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASNAGHI, FRANCO	4.2 NAME	
STREET ADDRESS	1000 ISLAND BLVD., #2505	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (12/95)