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

**FILED
Mar 01 1996 8:00 am
Secretary of State**

DOCUMENT # **P93000056807 (9)**

1. Corporation Name

NOYA COMPANIES, INC.

Principal Place of Business

**10081 CLEARY BLVD
PLANTATION FL 33324
US**

Mailing Address

**10081 CLEARY BLVD
PLANTATION FL 33324
US**

3. Date Incorporated or Qualified **08/13/1993**	**3a.** Date of Last Report **04/07/1995**
4. FEI Number **65-0428949**	Applied For / Not Applicable

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

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

**ITZHAK, YAACOV
10773 CLEARY BLVD
STE 209
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 _____

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	**PD**	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	**ITZHAK, YAACOV**		1 2 NAME	
STREET ADDRESS	**10073 CLEARY BLVD / STE 209**		1 3 STREET ADDRESS	
CITY-ST-ZIP	**PLANTATION FL**		1 4 CITY-ST-ZIP	

TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	

TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	

TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	

TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	

TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

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 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: _____ 2/26/96 305 423 0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #