

RECORD NOTICE: CORPORATIONS WILL BE DISCLOSED ON OR AFTER JANUARY 1, 1995
ANNUITY DUE ON OR BEFORE 12/31/94: 10% OF DISCLOSED, EXCESSIVE ANNUITY DUE TO REPEATED: 25%

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 25 AM 10:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000074100 (7)

1. Corporation Name

NOVELTY DEPOT III WHOLESALE, INC.

Principal Place of Business

**1779 N.W. 20TH STREET
MIAMI FL 33142**

Mailing Address

**1779 N.W. 20TH STREET
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0444790

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. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

**PEREZ, RAFAEL A
1779 N.W. 20TH STREET
MIAMI FL 33142**

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 date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
GONZALEZ, NEMESIO
1779 N.W. 20TH ST.
MIAMI FL 33142**

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

ADDITIONAL CHANGES TO THE ABOVE LISTED OFFICERS AND DIRECTORS

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 110.07(3)(b), 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 of this report as an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nemesio Gonzalez

7/14/95 (305)325-9696