

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 # P94000032416 (7)

1. Corporation Name

NOVOS ELECTRONIC CONTRACTORS INC.

Principal Place of Business

6956 N.W. 46th STREET
MIAMI, FL 33166

Mailing Address

6956 N.W. 46th STREET
MIAMI, FL 33166

3. Date Incorporated or Qualified
04/28/1994

3a. Date of Last Report
04/04/95

2. Principal Place of Business

2a. Mailing Address

21 6844 N.W. 75 STREET

26 6844 N.W. 75 STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 MEDLEY, FL

28 MEDLEY, FL

24 Zip 33166 25 Country USA

29 Zip 33166 30 Country USA

4. FEI Number

65-0576749

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOVO, CARLOS M
6956 N.W. 46th STREET
MIAMI, FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6844 N.W. 75 STREET

83

84 City MEDLEY

FL

85 Zip Code
33166

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS NOVO, CARLOS M
CITY-ST-ZIP 6956 N.W. 46th STREET
MIAMI, FL 33166

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

6844 N.W. 75 STREET
MEDLEY, FL 33166

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

VPD
CARLOS HEBERTO PADILLA
6844 N.W. 75TH STREET
MEDLEY, FL 33161

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M. NOVO

8/20/96

(305) 888-9511

Date

Daytime Phone #