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FILED

May 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000032704 (5)

1. Corporation Name
NOVO'S JEWELRY, INC.

Principal Place of Business
**8518-A S.W. 24TH STREET
MIAMI FL 33155**

Mailing Address
**8518-A S.W. 24TH STREET
MIAMI FL 33155-2336**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**NOVO, IVAN C
8518-A S.W. 24TH STREET
MIAMI FL 33155**

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0580308

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

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 Ivan C. Novo, PRESIDENT

5-13-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOVO, IVAN C	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOVO, ROSEMARY	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOVO, ROLANDO S	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NOVO, NESTOR	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	NOVO, ROAS G	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARKER, JACQUELINE P	
STREET ADDRESS	8518-A S.W. 24TH STREET	
CITY - ST - ZIP	MIAMI FL 33155	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	NOVO, ROSA G.
5.4 CITY - ST - ZIP	8518-A S.W. 24TH STREET
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIAMI, FL. 33155
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED Novo

5-13-97

305-2252775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0210056

CR2E034 (9/96)