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May 01 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 #

1. Corporation Name

ADIVNOVA OF U.S.A., INCORPORATED

795000049277

Principal Place of Business

Mailing Address

420 Lincoln Road/Suite 258 420 Lincoln Road/Suite 258
Miami Beach, FL 33139 Miami Beach, FL 33139

3. Date Incorporated or Qualified

6/21/95

Ca. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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4. FFI Number

65-0595595

Applied For

Not Applicable

3. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

3. Certificate of Status Desired

☐

\$5.00 May Be
Added to Fees

3. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEMPKINS, HARRY
420 LINCOLN ROAD, SUITE 258
MIAMI BEACH, FL 33139

81 Name

CARMEN CONGO-RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

1985 NW 88 CT, SUITE 201

83

84

MIAMI

FL

85

33132

I, the undersigned, being a duly qualified and authorized officer or director of the corporation, do hereby certify that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of Sections 607.0502 and 607.0505, 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Carmen Congo-Rodriguez

4/25/97

10. OFFICERS AND DIRECTORS

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

10. ADDITIONAL INFORMATION TO THE 1995 ANNUAL REPORT

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

14. I do hereby certify that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of Sections 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 27, if changed, or on an attachment with an address.

SIGNATURE

[Signature]

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5/1/97

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