


PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

---

**DOCUMENT # P95000074967 (7)**  
1. Corporation Name  
**NOVA VIDA, INC.**

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address	
<b>21</b>		<b>26</b>	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>		<b>28</b>	
	Zip Country		Zip Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>


11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to \_\_\_\_\_, without the necessity of amending its articles of incorporation or its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors of the corporation, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

13. OFFICERS AND DIRECTORS

12.	<input type="checkbox"/> DELETE	11 TITLE
NAME		12 NAME
STREET ADDRESS		13 STREET ADDRESS
CITY - ST - ZIP		14 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	21 TITLE
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY - ST - ZIP		24 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY - ST - ZIP		34 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY - ST - ZIP		44 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require further certification; and I further certify that the information indicated on this annual report or supplemental annual report is true and correct as made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to make such statement, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** James Booth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3. Date Incorporated or Qualified <b>09/28/1995</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

FL 85 Zip Code

I hereby certify this statement for the purpose of changing its registered

\_\_\_\_\_  
DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	Change	Addition	

[illegible]

and accurate and that my signature shall have the same legal effect as if  
I had executed this report as required by Chapter 617, Florida Statutes, and

1/20/11 305 2388228

Date 9/8/96 Daytime Phone # 303-277-1200

CR2E034 (3/96)