May 06, 1999 8:00 am Secretary of State

05-06-1999 90187 015 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000094464

1. Corporation Name

NOVAS FAMILY INVESTMENT CORPORATION

Principal Place of Business Mailing Address						I 1994691 tre reint entit estil gents grant entit	(2)() 0)4)(2(2)2	#1171 WEET 1441	
8257 S.W. 84TH COURT 8257 S.W. 84TH COURT									
MIAMI FL 33143			MIAMI FL 33143		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
l		•				12/12/1995			
2.	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21						65-0623917		ot Applicable	
22	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
-	City, & State	City & State City & State				6Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
	Zip	Country Zip Co			ntry	8. This corporation owes the current year Intangible Personal Property Tax.			
24		9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent		
or realise and reduceds of Garrent Registered register					81 Name				
NOVAS, RONALD J					82 Street Add	ress (P.O. Box Number is Not Acceptable)			
2120 N.W. 14TH AVE.					62 Sileet Addi	ess (F.O. Box Number is Not Acceptable)			
MIAMI FL 33142					83				
					84 City		85 Zip (Code	
					1 ′	FL	. '		
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 Note of printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE NOTE: Registered Agent signature required when reinstating) DATE									
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or or

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition