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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P96000 (NOVA USA, INC.	024955 (2)			
Principal Place of Business 80 S.W. 6TH STREET 8UTE 2077 MIAMI FL 33130		Mailing Address			BRIST INDIN BIBLIR FORDE DISDI DISI TOCH
		80 S.W. BTH STREET SUITE 2077 MIAMI FL 33130-3003		3. Date Incorporated or Qualified 3a. Date of Last Report	
				03/20/1996	
21	face of Business	28. Mailing Address 26		4. FEI Number 65-0651855	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Current	7(p)	Country 30	This corporation has liability for in Florida Statutes 10. Name and Address of New Rec	Yes No
80 S SUIT	AMUNT, LUIS B.W. 8TH STREET TE 2077 MI FL 33130		81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptabl	
			84 City		FL 85 Zip Code
office or r agent. La SIGNATURE	im familiar with, and accept the obligat	tions of Section 607.0505, F	Torida Statutes. JE Begish ad Agent signature requi	:	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	D Gomez, Manuel	□ DH€TE	1.1 DEF 1.2 NAME		Change L Addition
STREET ADDRESS	% 80 S.W. 8TH ST SUITE 2077		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY- \$1 - ZIP		, i
TITLE	D	DEFFIE	2.1 HHF		Change
NAME	GOMEZ, VIOLETA		2.2 NAME		į.
STREET ADDRESS	% 80 S.W. 8TH ST SUITE 2077		23 STREET ADORESS		, in the second sec
CITY-ST-ZIP TITLE	MIAMI FL 33130	DELETE	2 4 CITY- ST-7IP 3 1 TUTU		Change
NAME			32 NAML		L. Change
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CHY- S1-7IP		4 5
TITLE		DELETE	41 1/11/1		Chan
NAME			4. 2 NAMF		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY+ST+ZiP		☐ Cha'
TITLE NAME		ET MIKIE	5.1 MLF 5.2 NAME	•	THE PING
STREET ADDRESS :			5.2 NAME 5.3 SUREFT ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-ZIP		•
TITLE		DECETE	61 1006		□ Ch
NAME			G 2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 Cft Y - 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 certifinformation 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 mall 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 the appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 13 1997 8:00am

Secretary of State