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Feb 06 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 # P96000072415 (8)

1. Corporation Name:  
NOUVISAGE, INC.



Principal Place of Business  
7300 VISTALMAR  
CORAL GABLES FL 33143

Mailing Address  
7300 VISTALMAR  
CORAL GABLES FL 33143-6442

3. Date Incorporated or Qualified  
08/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1172 S. DIXIE HIGHWAY 26 1172 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 480

27 SUITE # 480

City & State

City & State

23 CORAL GABLES, FL 28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33146

25 USA

29 33146

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIED, MARK E  
1001 S BAYSHORE DR #2706  
MIAMI FL 33131

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

Signature typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CHRISTOFOROU, CHRISTOPHER  
STREET ADDRESS 7300 VISTALMAR  
CITY-ST-ZIP CORAL GABLES FL 33143

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE PD  
1.2 NAME CHRISTOPHER CHRISTOFOROU  
1.3 STREET ADDRESS 1172 S. DIXIE HIGHWAY, SUITE # 480  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/26 197 x 305 665 4758

CR2E034 (9/96)