

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90059 044 \*\*\*150.00

DOCUMENT # **S18485**

1. Corporation Name  
**NOVURANIA OF AMERICA, INC.**

Principal Place of Business  
2105 SOUTH US HWY. 1  
VERO BEACH FL 32962  
US

Mailing Address  
2105 SOUTH US HWY. 1  
VERO BEACH FL 32962  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/14/1990**

4. FEI Number

**33-0049991**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P COLLADA, ROBERT**  
STREET ADDRESS **10706 N.E. 9TH AVE.**  
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE ☐ DELETE  
NAME **VP PELLEGRINI, FLAVIA**  
STREET ADDRESS **TIONE DE TRENTO**  
CITY-ST-ZIP **ITALY**

TITLE ☐ DELETE  
NAME **T COLLADA, SYLVIA**  
STREET ADDRESS **10706 N.E. 9TH AVENUE**  
CITY-ST-ZIP **BISCAYNE PARK FL 33106**

TITLE ☐ DELETE  
NAME **S PELLEGRINI, MIRCO**  
STREET ADDRESS **TIONE DE TRENTO**  
CITY-ST-ZIP **ITALY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P COLLADA, ROBERT**  
1.3 STREET ADDRESS **2105 S. US HWY ONE**  
1.4 CITY-ST-ZIP **VERO BEACH, FL. 32962**

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **T COLLADA, SYLVIA**  
3.3 STREET ADDRESS **2105 S. US HWY ONE**  
3.4 CITY-ST-ZIP **VERO BEACH, FL. 32962**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0121191