SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:27

DOCUMENT # **S75877** **(8)**

1. Corporation Name

THE INNOVA GROUP, INC.

Principal Place of Business	Mailing Address
9990 S.W. 77 AVE. PH-10 MIAMI FL 33156 US	9990 S.W. 77 AVE. PH-10 MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1991
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21): AS ABOVE
2a. Mailing Address (26): AS ABOVE

4. FEI Number: 65-0319438 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): "
Suite, Apt. #, etc (27): "

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23): "
City & State (28): "

6. Electronic Filing Requested ☐ **$5.00** May Be Added to Fees

Zip (24): " County (25): "
Zip (29): " County (30): "

8. The corporation has/will be eligible to file under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, DERENE & ANNA WHYTE
9990 S.W. 77 AVE.
PH-12
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: DONALD A. WHYTE
82 Street Address (P.O. Box Number is Not Acceptable): 9990 SW 77 AVE.
83: PH-10
84 City: MIAMI FL 85 Zip Code: 33156

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] DONALD A. WHYTE 6/27/95
(Typed or printed name of registered agent) (If applicable) (Name of Registered Agent (typed or printed) as stated in item 10) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	PT	11 TITLE	P ☒ Change ☐ Addition
NAME	ALLEN, DERENE	12 NAME	WHYTE, DONALD A.
STREET ADDRESS	9990 S.W 77 AVE., PH-10	13 STREET ADDRESS	9990 S.W. 77 AVE., PH-10
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL
TITLE	VS	21 TITLE	VTS ☒ Change ☐ Addition
NAME	WHYTE, ANNA	22 NAME	WHYTE, ANNA
STREET ADDRESS	9990 S.W. 77 AVE. PH-0	23 STREET ADDRESS	9990 S.W. 77 AVE., PH-10
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	WHYTE, DONALD A	32 NAME	
STREET ADDRESS	9990 S.W 77 AVE., PH-10	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: [signature] 6/27/95 (305) 595 1700
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0053261 CP