

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

08/23/1991

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **3733 Solana Road**

26 **1172 SOUTH OXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **SUITE #428**

City & State

City & State

23 **Miami FLA**

28 **Coral Gables FLA**

Zip

Zip

24 **33133**

25 **USA**

29 **33146**

30 **USA**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYTE, DONALD A
9990 SW 77TH AVE
PH-10
MIAMI FL 33156

81 Name

WHYTE, DONALD A.

82 Street Address (P.O. Box Number is Not Acceptable)

**3733 SOLANA ROAD
COCONUT GROVE**

83

84 City

MIAMI

FL

85 **33133**

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, 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

ANNA WHYTE VP

(NOTE: Registered Agent signature required when reinstating)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **WHYTE, DOANLD**
CITY-ST-ZIP **9990 S.W. 77 AVE., PH-10**
MIAMI FL

TITLE ☐ DELETE

NAME **VTS**
STREET ADDRESS **WHYTE, ANNA**
CITY-ST-ZIP **9990 S.W. 77 AVE. PH-10**
MIAMI FL

TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **WHYTE, DONALD A**
CITY-ST-ZIP **9990 S.W. 77 AVE., PH-10**
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **3733 Solana Road**
14 CITY-ST-ZIP **Coconut Grove FLA 33133**

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **3733 Solana Road**
24 CITY-ST-ZIP **Coconut Grove FLA 33133**

3.1 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS **3733 Solana Road**
34 CITY-ST-ZIP **Coconut Grove FLA 33133**

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/22/96 305-442-6300

CR2E034 (12/95)