

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V44392** (1)
1. Corporation Name
NOVI, INC.



Principal Place of Business
~~890 S DIXIE HWY~~
~~CORAL GABLES FL 33146~~

Mailing Address
~~890 S DIXIE HWY~~
~~CORAL GABLES FL 33146~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2222 Ponce de Leon Blvd Suite, Apt. #, etc. 22 Penthouse Suite City & State 23 Coral Gables, FL Zip 24 33134		2a. Mailing Address 26 2222 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 Penthouse Suite City & State 28 Coral Gables, FL Zip 29 33134		3. Date Incorporated or Qualified 06/16/1992	
Country 25 USA		Country 30 USA		4. FEI Number 65-0474371	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Applied For Not Applicable	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODON ALVAREZ, MARY LOU ESQ.

~~890 S DIXIE HWY~~

~~CORAL GABLES FL 33146~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd.

83 Penthouse Suite

84 City **Coral Gables**

FL 85 Zip Code **33134**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSC	1.1 TITLE	
NAME	JAVIER, WILL B	1.2 NAME	
STREET ADDRESS	890 S. DIXIE HIGHWAY	1.3 STREET ADDRESS	2222 Ponce de Leon Blvd. (Suite PH)
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	PTD	2.1 TITLE	
NAME	PIETRO, NOVALI	2.2 NAME	
STREET ADDRESS	890 S. DIXIE HIGHWAY	2.3 STREET ADDRESS	2222 Ponce de Leon Blvd. (Suite PH)
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	Coral Gables, Floirda 33134
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 holder of trust or 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:

Will B. Javier
Will B. Javier

3/10/98

CR2E034 (10/97)