

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 640018 (8)

1. Corporation Name
A J V CORPORATION



Principal Place of Business: **% BEN DAVID NOMI 2 SO. BISCAYNE BLVD. 30TH FL. BOX 112740 MIAMI FL 33131**
 Mailing Address: **% BEN DAVID NOMI 2 SO. BISCAYNE BLVD. 30TH FL. BOX 112740 MIAMI FL 33131**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc.	26	Suite, Apt #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	07/27/1979		04/20/1995
4.	FET Number	Applied For	
	59-1925857	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SYLVIA S MAIZTEGUI
 2 SOUTH BISCAYNE BLVD. 30TH FL
 1451 BRICKELL AVE.
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81 Name: **REPUBLIC INTERNATIONAL BANK OF N.Y.**
 82 Street Address (P.O. Box Number is Not Acceptable): **2 SOUTH BISCAYNE BLVD**
 83
 84 City: **MIAMI** FL 85 Zip Code: **33131**

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: *Tom Ben David*
 Signature typed or printed name of registrant, agent, and applicable (FET) Registered Agent Signature required when registered.

7/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREAGA, VERONICA	12 NAME	
STREET ADDRESS	SIERRA LEONA 364	13 STREET ADDRESS	
CITY - ST - ZIP	MEXICO 11000 D.F.	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	21 TITLE	
NAME	CAREAGA, JOSEFINA	22 NAME	
STREET ADDRESS	SIERRA LEONA 364	23 STREET ADDRESS	
CITY - ST - ZIP	MEXICO 11000 D.F.	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****225.00**

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)(x), 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 617, Florida Statutes, or that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josefin Careaga*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

7/18/96

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