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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2 SO. BISCAYNE BLVD, 30TH FL. BOX 112740

DOCUMENT # 640018

(8)

A J V CORPORATION

2 SO. BISCAYNE BLVD. 30TH FL. BOX 112740

FILED

Apr 30 1997 8:00am

Secretary of State

DEM TAND MAN	W BEN DAVID MALI	
ncipal Place of Business	Mailing Address	

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					07/27/197		3a. Date of L 07/17/19		
2. Principal Place of Business		2a. Mailing Address	├── ┐		4. FEI Number		<u> </u>	Applied For	
21		26			59-1925	857		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5 Certificate o	f Status Desired		75 Additional	
22]		27			or commone c	·	F	e Required	
Clty & State		— ·	City & State		6. Election Car	npaign Financing			
23		28			Trust Fund (Contribution	☐ Ac	ded to Fees	
∑ip 	Country	Zip	Country	4		ation has liability for	~	der s. 199.032,	
24	25	29]	30		Florida State		Yes No		
	9. Name and Address of Curr			1-55	10. Name and	Address of New Re	egistered Agent	· · · · · · · · · · · · · · · · · · ·	
	PUBLIC INTERNATIONAL BANK	OF N.Y.	81	Name					
	OUTH BISCAYNE BLVD.		82	Street A	ddress (P.O. Box Num	ber is Not Acceptal	ble)		
MIAI	MI FL 33131				<u> </u>	·			
			83			.——			
			84	City		77.77.74.7 2 .44.	85	Zip Code	
				=,			- FL ``	•	
11. Pursuant office or re	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu ite of Florida. Such change was	ites, the abov authorized b	e-named c	corporation submits thi pration's board of direc	s statement for the potors. I hereby acce	purpose of chang	ing its registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, F	torida Statute	s.		,			
SIGNATURE	Signature typod or printed name of repistered a	percut a cliffic theories due 200	Old Fine Street &				****		
12.		ND DIRECTORS	13.	ent signature re	equired when reinstating)	HANGES TO OFFIC	DATE OF DE AND DIDE	TODO IN 40	
	PID				?TD	MAINES TO OTTE			
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I do fleeby certify that the information supplier with his filling dots not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or jupplemental 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 in the receiver or trusted 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 all attachment with an address.