

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 # **651876** (5)

1. Corporation Name
P.I.V. FINANCIAL CORP.



Principal Place of Business: **901 NW 17TH ST. SPACE C MIAMI FL 33136**
Mailing Address: **901 NW 17TH ST. SPACE C MIAMI FL 33136**

3. Date Incorporated or Qualified: **12/06/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1952838**
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

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

9. Name and Address of Current Registered Agent
**FEINGOLD, INEZ
9021 S.W. 60 TERR
MIAMI FL FL 33173**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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. (If OFF, Registered Agent's signature required when re-stating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: S	NAME: AGOVINO, SUSAN FEINGOLD <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8570 N.W. 32 ST.	CITY-STATE-ZIP: CORAL SPRINGS FL	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PDT	NAME: FEINGOLD, INEZ <input type="checkbox"/> DELETE	1.3 STREET ADDRESS: 10911 N.W. 45th ST. #6
STREET ADDRESS: 9021 S.W. 60TH TERR	CITY-STATE-ZIP: MIAMI FL	1.4 CITY-STATE-ZIP: CORAL SPRINGS, FL
TITLE:	NAME: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

SIGNATURE: *Inez Feingold* **INEZ FEINGOLD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 305-324-8355
Date Daytime Phone #

CR2E034 (12/95)