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FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **801 NW 17TH ST. SPACE C MIAMI FL 33136**
 Mailing Address: **801 NW 17TH ST. SPACE C MIAMI FL 33136-1135**

3. Date Incorporated or Qualified: **12/06/1979**
 3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business:
 21 **9021 S.W. 60 Terrace**
 Suite, Apt. #, etc.
 22
 City & State:
 23 **MIAMI, FLORIDA**
 Zip: **33173** Country: **DADE**
 24 **33173** 25 **DADE**
 2a. Mailing Address:
 26 **9021 S. W. 60 Terrace**
 Suite, Apt. #, etc.
 27
 City & State:
 28 **Miami, Florida**
 Zip: **33173** Country: **Dade**
 29 **33173** 30 **Dade**

4. FEI Number: **59-1952838**
 Applied For: Not Applicable
 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
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AGOVINO, SUSAN FEINGOLD	
STREET ADDRESS	10911 NW 45TH STREET #8	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	FEINGOLD, INEZ	
STREET ADDRESS	9021 S.W. 60TH TERR	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FEINGOLD, INEZ	
1.3 STREET ADDRESS	9021 S. W. 60 Terr	
1.4 CITY-STATE-ZIP	MIAMI, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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 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, PMO.** 3-7-97 305-271-0873
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)