

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000037878 (4)

1. Corporation Name
A N V, CORP.



Principal Place of Business: 7100 SW 9 STREET, PEMBROKE PINES FL 33024
Mailing Address: 7100 SW 9 STREET, PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business: 4000 N. UNIVERSITY DR., SUITE, APT. #, etc. SURRISE, FLORIDA, 33351, BROWARD
2a. Mailing Address: 4000 N. UNIVERSITY DR., SUITE, APT. #, etc. SURRISE, FLORIDA, 33351, BROWARD

4. FEI Number: 65-0412838
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: GONZALEZ, IRVING J., 4431 SOUTHWEST AVENUE, SUITE 112, DAVE FL 33314

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 607.0502 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: _____ (Name: Registered Agent Signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PSD	VILARINO, ANTONIO	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 N. UNIVERSITY DR.	13 STREET ADDRESS	
CITY - ST - ZIP	7160 SW 9 STREET, PEMBROKE PINES, FL 33024 SURRISE FL	14 CITY - ST - ZIP	
VPSD	VILARINO, NILDA E	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4000 N. UNIVERSITY DR.	15 STREET ADDRESS	
CITY - ST - ZIP	7160 SW 9 ST, PEMBROKE PINES FL SURRISE FL 33351	16 CITY - ST - ZIP	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17 TITLE	
		18 NAME	
		19 STREET ADDRESS	
		20 CITY - ST - ZIP	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		25 TITLE	
		26 NAME	
		27 STREET ADDRESS	
		28 CITY - ST - ZIP	

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: G. Vilarino DATE: 5/1/96 954-981-6777

CR2E034 (12/95)