

**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**  
2a. Mailing Address: **4000 N. UNIVERSITY SUITE, APT. #, etc. SURRISE FLORIDA**  
23. Zip: **33851** Country: **BROWARD**  
24. Zip: **33351** Country: **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  
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: \_\_\_\_\_ (Name: \_\_\_\_\_) (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PSD VILARINO, ANTONIO</b>	1.3 STREET ADDRESS	
STREET ADDRESS	<b>4000 N. UNIVERSITY DR. 7160 SW 9 STREET</b>	1.4 CITY - ST - ZIP	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL 33024 SURRISE FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<b>VPSD VILARINO, NILDA E</b>	2.3 STREET ADDRESS	
STREET ADDRESS	<b>4000 N. UNIVERSITY DR. 7160 SW 9 ST</b>	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	<b>PEMBROKE PINES FL SURRISE FL 33351</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - ST - ZIP	
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 **5/1/96** **954-981-6777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)