

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000037878 (4)**  
1. Corporation Name  
**A N V, CORP.**



Principal Place of Business <b>4000 N UNIVERSITY DR SUNRISE FL 33351 US</b>	Mailing Address <b>4000 N UNIVERSITY DR SUNRISE FL 33351-6308 US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>3</b> 3. Date Incorporated or Qualified <b>05/26/1993</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>65-0412838</b>	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9.</b> Name and Address of Current Registered Agent <b>GONZALEZ, IRVING J.</b> <del>4131 SOUTHWEST AVENUE</del> <del>SUITE 112</del> <del>SUNRISE FL 33314</del> <b>6015 GARFIELD ST.</b> <b>HOLLYWOOD FL</b> <b>33024</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b> City
	<b>84</b> State <b>FL</b> <b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARINO, ANTONIO	1.2 NAME	
STREET ADDRESS	4000 N UNIVERSITY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARINO, NILDA E	2.2 NAME	
STREET ADDRESS	4000 N UNIVERSITY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(j), 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 any attachment, with an address.

**SIGNATURE:** \_\_\_\_\_ **3/27/97 954-981-6777**

CR2E034 (9/96)