

**FILE NOW: FILING FEE AFTER MAY 1 IS**

**FILED**  
**May 26 1998 8:00am**  
**Secretary of State**

CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 996000054089  
 1. Corporation Name  
IVC, INC

Principal Place of Business	Mailing Address
<u>2874 NW. 79 AVE</u>	
<u>MIAMI, FL 33122</u>	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <u>6/25/96</u>	3a. Date of Last Report <u>1997</u>
4. FEI Number <u>65-0679646</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

L: 1 Gallo  
7220 NW. 36 ST #643  
MIAMI, FL 33166

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<u>FL</u>
83	
84 City	

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] **AGENT** DATE: 4/30/98

**12. OFFICERS AND DIRECTORS**

TITLE	<u>PRES.</u>
NAME	<u>CARLUO, HERNANDEZ</u>
STREET ADDRESS	<u>2874 NW. 79 AVE</u>
CITY - ST - ZIP	<u>MIAMI, FL 33122</u>
TITLE	<u>VICE PRES.</u>
NAME	<u>FLORENCIO ROS</u>
STREET ADDRESS	<u>2874 NW. 79 AVE</u>
CITY - ST - ZIP	<u>MIAMI, FL 33122</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<u>500002536595</u>
6.3 STREET ADDRESS	<u>-05/27/98--01046--027</u>
6.4 CITY - ST - ZIP	<u>***150.00</u>

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: [Signature] **VICE PRESIDENT** DATE: 4/30/98 TELEPHONE: 305-592-2034