FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **449007** **(4)**

1. Corporation Name

M.V.P. INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 401 MIAMI FL 33131	1101 BRICKELL AVENUE SUITE 401 MIAMI FL 33131

3. Date Incorporated or Qualified: **03/21/1974**

3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1596071** ☐ 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

SILVA, PATRICIO
1101 BRICKELL AVENUE
SUITE 401
MIAMI FL 33131

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required for initial or amended filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ESTRADA, ANA LUISA		1.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE, #401		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	CRANE, STEPHEN V.		2.2 NAME	S W. ELLIOT DUNWODY III
STREET ADDRESS	11 MAIN STREET		2.3 STREET ADDRESS	4615 PONCE DeLEON BLVD. SUITE 305
CITY-ST-ZIP	CAMDEN ME		2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146
TITLE	S	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEEPLES, CECILE		3.2 NAME	
STREET ADDRESS	155 OCEAN LN., DR., 1101		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	P ☒ Change ☐ Addition
NAME	GONZALEZ, ADRIANA		4.2 NAME	GONZALEZ, ADRIANA
STREET ADDRESS	1101 BRICKELL AVE., SUITE 401		4.3 STREET ADDRESS	1101 BRICKELL AVE., SUITE 401
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL. 33131
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ESTRADA, SYLVIA		5.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE, #401		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DE ESTRADA, ANA M.		6.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE, #401		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 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: _____ ADRIANA GONZALEZ 4-22-96 305-358-7251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)