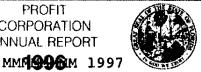
EILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

May 16 1997 8:00am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

308029

(8)

AMERVEN INC

| | | | | | : | | | | |
|---|---|--|-----------------|-------|---------------------|---|-------------------------|--------------|-----------------------------|
| Principal Place of Business Mailing Address | | | | | | | 90H 018H 0101 | | D)I MIÐEL BEÐIT IMÐE |
| 600 N.E. 36T | TH ST. | 600 N.E. 36TH ST. | | | | | | | |
| PH 8 Miami FL 33 | 157 | PH B Miami FL 33137 | | | | | | | |
| MIRMI FC 33137 | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | | |
| | | | | | | 08/11/1966 | 08 | 3/29/1 | 995 |
| 2. Principal Pla Th | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 1 | | 26 | | | ····· | 59-1150842 | ······ | | Not Applicable |
| Suite, Apt 2 | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 75 Additional e Required |
| — City & State ⊐ | 9 | City & State | | | | 6. Election Campaign Financing | | | 00 May Be |
| 3] | I Co sets | 28 | 1 0- | | | Trust Fund Contribution | | | ded to Fees |
| Zγp ⊒ | Country 25 | Zφ | — | intry | | 8. This corporation has liability for life Florida Statutes | ntangible ta []] No | x under | в 199.032, |
| <u>! </u> | 9. Name and Address of Curre | 29 Int Registered Agent | 30 | 1 | | Florida Statutes Yes 10. Name and Address of New R | | Agent | |
| | g, Iranio and radiose of Salic | in nogratorea Agent | | 61 | Name | 10, Italia dila Addissa di Italia | - Aletelen 1 | agont. | |
| HAVE E | RICHARD J | | | | | | | | |
| | ERRARY BOULEVARD | | 82 Street Addre | | | ess (P.O. Box Number is Not Acceptable | 6) | | |
| MIAMI, F | | | 63 | | | | | | |
| | HILL FL 33319 | | | | | | | | |
| האטטבת | HINT LF 20219 | | | 84 | City | | FL | 85 | Zip Code |
| 1. Pursuant t | to the provisions of Sections 607 050 | 2 and 607 1508. Florida Statute | es the abo | We-r | named cornor | ation submits this statement for the pur | | | e registered office |
| | Signature, typed or profod name of registered ago | | | Agen | t agnature required | ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | DATE | | |
| 12. | OFFICERS AF | NO DIRECTORS | | | | ADDITIONS/CHANGES TO OFFI | | | |
| itte Ame | PIGNA, GLORIA | L"1 nerete | 1.17 | | | | L |] Chang | e 🔲 Addition |
| TREET ADDRESS | 600 N.E. 36TH ST. | | 1.2 N/ | - 1 | *ODDCCC | | | | |
| OTY - ST - ZIP | MIAMI FL 33137 | | | | ADDRESS | • | | | |
| II.E | SD | [7] DELETE | 2. 1 T | TY-S | 1+211 | | · ··········· | Chang | e Addition |
| iamé | PIGNA, MARIA DEL PILAR | | 22 N/ | | | | L. | 1 Change | C Madition |
| TREET ADDRESS | 8295 NW 56TH ST | | | | ADDRESS | | | | |
| TY-\$1-7F | MIAMI FL | | 2.4 CI | | | | | | |
| ITI.E | | DELETE | 3.1 T | | | | | Chang | e |
| AME | | Tennel Common Co | 3.2 N | | | | | | |
| TREET ADDRESS | | | | | ADDRESS | | | | |
| ety-\$t-ZiP | | | 3.4 CI | | | | | | |
| II.E | | ☐ DELETE | 4, 1.1 | | | | | Chang | e 🔲 Addition |
| IAME | | | 4.2 N/ | AME | ļ | | | | |
| TREET ADDRESS | | | 4.3 S1 | REET | ADDRESS | | | | |
| NY-51-702 | | | 4.4 CI | TY-S | T-ZIP | | | 1 | |
| TLE | | ☐ DELETE | 5. 1 T | TLE | | | B | Chang | e / Additjon |
| AME | | | 5.2 N/ | AME | Ī | | | رک | 1, 10 |
| TREET ADDRESS | | | 5.3 \$1 | REET | ADDRESS | < | 4/1 |)// | 4/21 |
| 11Y-ST-71P | | | 5.4 CI | TY-S | T-ZIP | | <u>//</u> 7 | 7 ' | 117 |
| TLF | | ☐ D€LETE | 6.17 | ITLE | | | | Chang | e 🔲 Addition |
| IAME | | | 6.2 N/ | AME | | 60000215 -05/30/97010 | | 3 5 5 | |
| TSEET ADDRESS | | | 6.3 ST | REET | ADDRESS | +05/30/97010 ***165.00 | ս (Աշ | . 3 | |
| 11v Ct 7t0 | I | | 640 | TU C | 7 3m | 季季季 1 10 (b) . □□□ | | | |

14. I do nereby 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 cath, 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.

Gloria Pigna, President