

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

FILED  
Aug 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 370113

(3)

1. Corporation Name

MOHVIVHOM, CORPORATION

Principal Place of Business

%JUAN MARTINEZ  
14250 SW 62ND STR. UNIT #505  
MIAMI FL 33183

Mailing Address

%JUAN MARTINEZ  
14250 SW 62ND STR. UNIT #505  
MIAMI FL 33183-1941

3. Date Incorporated or Qualified  
09/21/1970

3a. Date of Last Report  
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1367327

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

MARTINEZ, JUAN  
14250 SW 62ND ST., UNIT 505  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name BLANCA MARTINEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
14250 S.W. 62 ST. #505  
83  
84 City MIAMI FL 85 Zip Code 33183

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

BLANCA MARTINEZ

B. Martinez

8-12-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME CLO, IOLE  
STREET ADDRESS BELO  
CITY-ST-ZIP HORIZONTE BR

TITLE  
NAME MARTINEZ, JUAN  
STREET ADDRESS 14250 SW 62ND ST., UNIT 505  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME S  
STREET ADDRESS CLO, ALFREDO  
CITY-ST-ZIP BELO  
HORIZONTE BR

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME BLANCA MARTINEZ  
2.3 STREET ADDRESS 14250 S.W. 62 ST., #505  
2.4 CITY-ST-ZIP MIAMI, FL 33183

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(i), 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:

B. Martinez 8-12-97

CR2E034 (9/96)