

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90062 028 \*\*\*150.00

DOCUMENT # 37 0113

1. Corporation Name

MOHVIVHOM CORPORATION ✓

Principal Place of Business

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/21/70

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

601 BRICKELL KEY

805

MIAMI, FL

33131

USA

9. Name and Address of Current Registered Agent

ALLEN & GALEGO  
601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ALLEN & GALEGO

82 Street Address (P.O. Box Number is Not Acceptable)  
601 BRICKELL KEY DR.

83 SUITE 805

84 City MIAMI

FL

85 Zip Code 33131

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

Robert N. Allen, Jr., President of Allen & Galego

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IOLE CLO	
1.3 STREET ADDRESS	601 BRICKELL KEY DR #805	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALFREDO CLO	
2.3 STREET ADDRESS	601 BRICKELL KEY DR. #805	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT N. ALLEN	
3.3 STREET ADDRESS	601 BRICKELL KEY DR #805	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen Jr.

4/29/99

Date

305-372-3300

Daytime Phone #

CR2E034 (11/98)