

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

AND FILED

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 26 AM 8:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 03/21/1974
3a. Date of Last Report 04/28/1994
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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANGULO, FRANCISCO
1101 BRICKELL AVENUE
SUITE 401
MIAMI FL 33131**

01 Name Patricia Silva
02 Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE, SUITE 401
03
04 City MIAMI FL 05 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0507 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 *Patricio Silva* **PATRICIO SILVA** **4-13-95**
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ENNIST ALBERT L
STREET ADDRESS	95 RIVER STREET, STE 411
CITY-ST-ZIP	HOBOKEN NJ
TITLE	PD
NAME	CRANE, STEPHEN V.
STREET ADDRESS	11 MAIN STREET
CITY-ST-ZIP	CAMDEN ME
TITLE	SD
NAME	PEEPLES, CECILE
STREET ADDRESS	155 OCEAN LN., DR., 1101
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	
NAME	ANGULO, FRANCISCO
STREET ADDRESS	1101 BRICKELL AVE., SUITE 401
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ana Luisa Estrada	
1.3 STREET ADDRESS	1101 Brickell Avenue, #401	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephen V. Crane	
2.3 STREET ADDRESS	11 Main Street	
2.4 CITY-ST-ZIP	Camden, ME	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cecile Peoples	
3.3 STREET ADDRESS	155 Ocean Lane Dr. 1101	
3.4 CITY-ST-ZIP	Key Biscayne, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Adriana Gonzalez	
4.3 STREET ADDRESS	1101 Brickell Avenue, #401	
4.4 CITY-ST-ZIP	Miami, FL 33131	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sylvia Estrada	
5.3 STREET ADDRESS	1101 Brickell Avenue, #401	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ana M. de Estrada	
6.3 STREET ADDRESS	1101 Brickell Avenue, #401	
6.4 CITY-ST-ZIP	MIAMI, FL 33131	

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 110.07(3)(b), 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 007, 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* **ADRIANA GONZALEZ** **4/17/95** **305 358-7251**
Signature and typed or printed name of signing officer or director Date Telephone #