

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 449007 (4)

1. Corporation Name
M.V.P. INVESTMENT CORPORATION



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

3. Date Incorporated or Qualified: 03/21/1974
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1596071
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

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, 83, 84 City, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	ESTRADA, ANA LUISA 1101 BRICKELL AVE, #401 MIAMI FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P	CRANE, STEPHEN V. 11 MAIN STREET CAMDEN ME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: S	PEEPLES, CECILE 155 OCEAN LN., DR., 1101 KEY BISCAYNE FL	2.2 NAME	5. W. ELLIOT DUNWOODY III
CITY-ST-ZIP: T	GONZALEZ, ADRIANA 1101 BRICKELL AVE., SUITE 401 MIAMI FL	2.3 STREET ADDRESS	4675 PONCE DELEON BLVD, SUITE 305
TITLE: D	ESTRADA, SYLVIA 1101 BRICKELL AVE, #401 MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146
NAME: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: P	GONZALEZ, ADRIANA 1101 BRICKELL AVE., SUITE 401 MIAMI FL	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: D	ESTRADA, SYLVIA 1101 BRICKELL AVE, #401 MIAMI FL	3.3 STREET ADDRESS	1101 BRICKELL AVE., SUITE 401
TITLE: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL. 33131
NAME: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DE ESTRADA, ANA M. 1101 BRICKELL AVE, #401 MIAMI FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address.

SIGNATURE: *Adriana Gonzalez* 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)