

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

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98 JUN -5 AM 9:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1974

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent: GONZALEZ, ADRIANA, 1101 BRICKELL AVE, STE #401, MIAMI FL 33131

10. Name and Address of New Registered Agent: C.W. BAILEY, 1101 BRICKELL AVE, SUITE 401-5, MIAMI FL 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: *C.W. Bailey* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUNWODY, W. ELLIOT III	
STREET ADDRESS	4675 PONCE DELEON BLVD, STE 305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ADRIANA	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 401	
CITY-ST-ZIP	MIAMI FL	
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

11 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	C.W. BAILEY #5:301	
13 STREET ADDRESS	1101 BRICKELL AVE	
14 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002553438	
3.3 STREET ADDRESS	-06/09/98--01100--015	
3.4 CITY-ST-ZIP	****150.00 ****150.00	
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.

SIGNATURE: *W. Dunwody* *C.W. Bailey* *Adriana Gonzalez*

CR2E034 (10/97)