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APPROVED  
AND  
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95 MAY 12 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 486659 (6)

1. Corporation Name

CORVO, INC.

Principal Place of Business

8701 NORTHWEST 32ND AVENUE  
MIAMI FL 33147-3705

Mailing Address

8701 NORTHWEST 32ND AVENUE  
MIAMI FL 33147-3705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1975

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1631258

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORVO, MARIO  
3300 NORTHWEST 83RD STREET  
MIAMI FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
CORVO, MARIO  
3300 NW 83RD STREET  
MIAMI FL

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
CORVO, MARIA  
3300 NW 83RD STREET  
MIAMI FL

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

400001450074  
-05/17/95 -01025--004  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
CORVO, MARIO RAUL  
3300 NW 83RD STREET  
MIAMI FL

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, 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 if no attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CORVO

5/9/91 (305) 836-0455