

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

FILED  
Mar 20 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 651876 (5)  
1. Corporation Name  
P.I.V. FINANCIAL CORP.



|  |   |
|--|---|
| Principal Place of Business<br>801 NW 17TH ST. SPACE C<br>MIAMI FL 33136 | Mailing Address<br>801 NW 17TH ST. SPACE C<br>MIAMI FL 33136-1135 |
|--|---|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/06/1979 | 3a. Date of Last Report<br>04/23/1996 |
|---|---------------------------------------|

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 9021 S.W. 60 Terrace<br>Suite, Apt. #, etc.<br>22 City & State<br>23 MIAMI, FLORIDA<br>24 Zip 33173<br>Country DADE | 2a. Mailing Address<br>26 9021 S. W. 60 Terrace<br>Suite, Apt. #, etc.<br>27 City & State<br>28 Miami, Florida<br>29 Zip 33173<br>Country Dade |
|--|--|

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1952838   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINGOLD, INEZ  
9021 S.W. 60 TERR  
MIAMI FL FL 33173

|   |
|---|
| 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 type is printed name of registered agent and shall be applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | S                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | AGOVINO, SUSAN FEINGOLD |  |
| STREET ADDRESS | 10911 NW 45TH STREET #8 |  |
| CITY- ST- ZIP  | CORAL SPRINGS FL        |  |
| TITLE          | POT                     | <input type="checkbox"/> DELETE            |
| NAME           | FEINGOLD, INEZ          |  |
| STREET ADDRESS | 9021 S.W. 60TH TERR     |  |
| 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

|                    |                    |  |
|--------------------|--------------------|--|
| 1.1 TITLE          | S                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | FEINGOLD, INEZ     |  |
| 1.3 STREET ADDRESS | 9021 S. W. 60 Terr |  |
| 1.4 CITY- ST- ZIP  | MIAMI, FL          |  |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                    |  |
| 2.3 STREET ADDRESS |                    |  |
| 2.4 CITY- ST- ZIP  |                    |  |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |  |
| 3.3 STREET ADDRESS |                    |  |
| 3.4 CITY- ST- ZIP  |                    |  |
| 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 do 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: Inez Feingold INEZ FEINGOLD, PMO. 3-7-97 305-271-0873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0196676

CR2E034 (9/96)