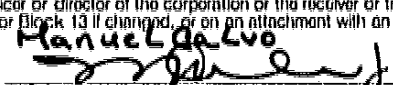


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 95 APR 19 AM 2:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F30107 (9)				
1. Corporation Name J. V. INTERNATIONAL INC.				
Principal Place of Business 1730 S.W. 87TH AVENUE MIAMI FL 33165		Mailing Address 1730 S.W. 87TH AVENUE MIAMI FL 33165		
2. Principal Place of Business		3. Date incorporated or Qualified 05/11/1981		
21		3a. Date of Last Report 08/10/1994		
22 Suite, Apt. #, etc.		4. FEI Number 59-2103346		
23 City & State		Applied For: Not Applicable		
24 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
25 Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
26 Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No		
27 City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No		
28 Zip		9. Name and Address of Current Registered Agent		
29 Country		10. Name and Address of New Registered Agent		
30		81 Name		
31		82 Street Address (P.O. Box Number is Not Acceptable)		
32		83		
33		84 City		
34		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 reinstating)				
12. OFFICERS AND DIRECTORS				
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CALVO, VIOLET	1.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS	1730 SW 87 AVE	1.2 NAME		
CITY - ST - ZIP	MIAMI FL	1.3 STREET ADDRESS		
TITLE	ST	1.4 CITY - ST - ZIP		
NAME	CALVO, MANUEL	2.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS	1730 SW 87 AVE.	2.2 NAME		
CITY - ST - ZIP	MIAMI FL	2.3 STREET ADDRESS		
TITLE	V	2.4 CITY - ST - ZIP		
NAME	VINELLI, JUAN	3.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS	3421 DOVER RD.	3.2 NAME		
CITY - ST - ZIP	POMPANO BCH. FL	3.3 STREET ADDRESS		
TITLE		3.4 CITY - ST - ZIP		
NAME		4.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS		4.2 NAME		
CITY - ST - ZIP		4.3 STREET ADDRESS		
TITLE		4.4 CITY - ST - ZIP		
NAME		5.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS		5.2 NAME		
CITY - ST - ZIP		5.3 STREET ADDRESS		
TITLE		5.4 CITY - ST - ZIP		
NAME		6.1 TITLE ☐ Change ☐ Addition		
STREET ADDRESS		6.2 NAME		
CITY - ST - ZIP		6.3 STREET ADDRESS		
TITLE		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 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:  6/12/95 (305) 946-4246				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				