FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J01454** **(4)**

1. Corporation Name

MIAMI VALUE CENTER, INC.

Principal Place of Business	Mailing Address
% ROBERT E. SCHUR [illegible]	% ROBERT E. SCHUR [illegible]

2. Principal Place of Business 21 9700 So. Dixie Hwy.	2a. Mailing Address 26 9700 So. Dixie Hwy.
Suite, Apt. #, etc. 22 Suite 570	Suite, Apt. #, etc. 27 Suite 570
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33156 / Country 25	Zip 29 33156 / Country 30

3. Date Incorporated or Qualified 02/27/1986	3a. Date of Last Report 02/21/1995
4. FEI Number 59-2695600	☐ Applied For ☐ Not Applicable
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	

9. Name and Address of Current Registered Agent

BAILEY, HUNT, JONES & BUSTO, P.A.
501 BRICKELL KEY DR 300
COURVOISIER CENTRE
MIAMI FL 33131-9608

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, GUY B.		1.2 NAME		
STREET ADDRESS	[illegible]		1.3 STREET ADDRESS	9700 So. Dixie Hwy.,#570	
CITY-ST-ZIP	[illegible]		1.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, JOHN R.		2.2 NAME		
STREET ADDRESS	[illegible]		2.3 STREET ADDRESS	9700 So. Dixie Hwy.,#570	
CITY-ST-ZIP	[illegible]		2.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MALCOLM, VI K.		3.2 NAME		
STREET ADDRESS	[illegible]		3.3 STREET ADDRESS	9700 So. Dixie Hwy.,#570	
CITY-ST-ZIP	[illegible]		3.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	P	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SALVA, WILLIAM		4.2 NAME		
STREET ADDRESS	[illegible]		4.3 STREET ADDRESS	9700 So. Dixie Hwy.,#570	
CITY-ST-ZIP	[illegible]		4.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	[illegible]	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]		5.2 NAME		
STREET ADDRESS	[illegible]		5.3 STREET ADDRESS		
CITY-ST-ZIP	[illegible]		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: William J Salva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J Salva President

April 22, 1996 (305)670-3002

Date Daytime Phone #