

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 # K48475 (3)

1. Corporation Name

S & V PROPERTIES, INC.



Principal Place of Business

**4205 SALZEDO ST
CORAL GABLES FL 33146**

Mailing Address

**4205 SALZEDO ST
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified
11/23/1988

3a. Date of Last Report
04/17/1995

2. Principal Place of Business
21 **1525 N.W. 167 St.**

2a. Mailing Address
26 **1525 N.W. 167 St.**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **145**

Suite, Apt. #, etc.
27 **145**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Miami, FL**

City & State
28 **Miami, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **33169 USA**

Zip Country
29 **33169 USA**

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

**DUNWODY, W. E., III
80 S.W. 8TH STREET
SUITE 2804 WORLD TRADE CENTER
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCOPETTA, GEORGE M.**
CITY-ST-ZIP **4205 SALZEDO ST
CORAL GABLES FL 33146**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCOPETTA, JOHN R.**
CITY-ST-ZIP **4205 SALZEDO ST.
CORAL GABLES FL 33146**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VICHOT, BORIS**
CITY-ST-ZIP **4205 SALZEDO ST
CORAL GABLES FL 33146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
SEE NEW ADDRESS ABOVE

2 1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
" " " "

3 1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
" " " "

4 1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (305) 620-7778

Date

Daytime Phone #

CR2E034 (12/95)