

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 # **L01044 (1)**

1. Corporation Name
MIAMI VENDING ELECTRONICS INC.



Principal Place of Business: **C/O MARVIN KURZBAN, ESO. 2650 SW 27TH AVENUE, 2ND FLOOR MIAMI FL 33133**

Mailing Address: **C/O MARVIN KURZBAN, ESO. 2650 SW 27TH AVENUE, 2ND FLOOR MIAMI FL 33133**

3. Date Incorporated or Qualified: **07/07/1989**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business
21 **16909 NW 4th AVE**
Suite, Apt. #, etc.
22
City & State: **MIAMI BEACH.**
23
Zip: **33169** Country: **DADE**
24
25
26a. Mailing Address
26 **16909 NW 4th AVE**
Suite, Apt. #, etc.
27
City & State: **N. MIAMI BEACH.**
28
Zip: **33169** Country: **DADE**
29
30

4. FEI Number: **65-0145713**
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
**KURZBAN, MARVIN
2650 SW 27TH AVENUE
2ND FLOOR
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name: **ANDREW L. MANN, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **10001 W. Oakland Park Blvd., Suite 200**
83
84 City: **SUNRISE, FL** 85 Zip Code: **33351**

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]* DATE: **2/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHVIECH, ALBERTO	
STREET ADDRESS	16909 NW 4TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CHVIECH, MARIA	
STREET ADDRESS	16909 NW 4TH AVE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: Maria E. Chvich]* DATE: **5/9/96** DAYTIME PHONE #: **305-653-0493**

CR2E034 (12/95)