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CORPORATION
ANNUAL REPORT
1995

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

P 200.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:08
By 4/1/95

DOCUMENT # **L56934** (7)

1. Corporation Name
MONTALVO PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O MR AND MRS R MONTALVO 128 NORTH 8TH AVE MT VERNON NY 10550	C/O MR AND MRS R MONTALVO 128 NORTH 8TH AVE MT VERNON NY 10550-2316 12/6 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 401 N.E 121St	26 401 N.E 121 St
22 Suite, Apt. #, etc.	27 North Miami
23 City & State	28 Florida 33161
24 Zip / 25 Country	29 33161 / 30 Florida

4. FEI Number: 22-3055842 — 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 intangibles 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
FEINBERG, JEFFREY 4651 SHERIDAN ST SUITE 300 HOLLYWOOD FL 33021	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: by Olga Montalvo — (Signature of president or vice president) — (Typed or printed name of registered agent and title if agent is a corporation) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MONTALVO, RAMON	12 NAME	
STREET ADDRESS	128 N 8TH AVE	13 STREET ADDRESS	
CITY ST ZIP	MOUNT VERNON NY	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MONTALVO, OLGA	22 NAME	
STREET ADDRESS	128 N 8TH AVE	23 STREET ADDRESS	
CITY ST ZIP	MOUNT VERNON NY	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate 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 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 above or on an attachment with an address.

SIGNATURE: Olga Montalvo — 1-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE