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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L56934

(7)

1. Corporation Name  
MONTALVO PROPERTIES, INC.



Principal Place of Business

401 N.E. 121ST APT 203  
MT VERNON NY 10550  
US

Mailing Address

OLGA U. MONTALVO  
C/O IRMA ALS  
128 NORTH 8TH AVENUE  
MOUNT VERNON N 10550-1216  
US

3. Date Incorporated or Qualified 03/14/1990  
3a. Date of Last Report 04/15/1996

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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 401 N.E. 121 Street  
Suite, Apt. #, etc.

22 Miami

23 Florida  
City & State

24 33161  
Zip

Country

2a. Mailing Address

26 % Olga U. Montalvo  
Suite, Apt. #, etc.

27 128 N. 8th Avenue

28 Mount Vernon - N.Y.  
City & State

29 10550-1216  
Zip

30 West Chester  
Country

9. Name and Address of Current Registered Agent

FEINBERG, JEFFREY  
4851 SHERIDAN ST  
SUITE 300  
HOLLYWOOD FL 33021

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

TITLE D  
NAME OLGA MONTALVO, C/O IRMA ALS  
STREET ADDRESS 401 NE 121ST, APT. 203  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D  
NAME MONTALVO, OLGA  
STREET ADDRESS 128 N 8TH AVE  
CITY-ST-ZIP MOUNT VERNON NY 10550-1216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Olga U. Montalvo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 1-914-537-1319 Bp  
Date Daytime Phone #

0006432

CR2E034 (9/96)