

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M35767** (6)
1. Corporation Name:
MILVA INVESTMENT INC.

Principal Place of Business: **% ADALBERTO VAZQUEZ
5451 W 9TH CT
HIALEAH FL 33012**
Mailing Address: **% ADALBERTO VAZQUEZ
5451 W 9TH CT
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1986** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2717040** 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 ss. 190.03, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 2a. Mailing Address:
21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent:
**VAZQUEZ, ADALBERTO
5451 W 9TH CT
HIALEAH FL 33012**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.06(2) 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 signed with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer of the Corporation)

(Signature of Registered Agent or Officer of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☒ Change ☐ Addition
NAME	VAZQUEZ, ADALBERTO	1. NAME	Same
STREET ADDRESS	1655 WEST 39TH PLACE	1. STREET ADDRESS	5451 West 9th Court
CITY & STATE	HIALEAH FL	1. CITY & STATE	Hialeah, FL. 33012
TITLE	SD	TITLE	☒ Change ☐ Addition
NAME	VAZQUEZ, MILAGROS	2. NAME	Same
STREET ADDRESS	1655 WEST 39TH PLACE	2. STREET ADDRESS	5451 West 9th Court
CITY & STATE	HIALEAH FL	2. CITY & STATE	Hialeah, FL. 33012
TITLE		TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.037(1)(a), Florida Statutes. I further certify that the information included 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. 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, as changed, or on an attachment with an address.

SIGNATURE: *Adalberto Vazquez* ADALBERTO VAZQUEZ, Pres. 5-12-95 (305) 887-4314
AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR