## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

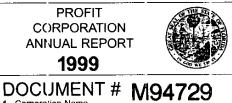
**PROFIT CORPORATION** ANNUAL REPORT

1999

E. F. V. CORPORATION

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90194 026 \*\*\*150.00

763 E. 36 ST. HIALEAH FL 33013			763 E. 36 ST. HIALEAH FL 33013														
												DO NOT		IN THIS	SPAC	E	
										3. Date In 08/17	corporate 7/1988	ed or Qual	ifed				
2. Principa Place of Business				2a. Mailing Address						4. FEI Number						Ap	plied For
21			26						65-0165142				Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired						\$8.75 Additional Fee Recuired		
City & State			28	City & State						6. Electio	1 Campai	-	ing [	]		-	May Be
Zip	Cour ti	ry	29	Zip		Cou	ntry			8. This co	rporation at Proper		current		angible		□No
24	9. Name and Addr	ess of Current F		stered Agent		30				10. Name			ew Regi	istered .	Agent		
	5. Name and Addition		tog,c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			81	Name								_	
	DES, EUVALDO E.						82	Street	Ac dres	ss (P.O. Box	Number	is Not Acc	ceptable	)			
	E. 36 ST. EAH FL 33013						83										
							84	City							85	Zip C	ode
	to the provisions of Sec													FL	لــــــــــــــــــــــــــــــــــــــ		
office or re agent. I ar	egistered agent, or both n familiar with, and acc	n in the State ct	Hone	da. Such change	e was a	utnorized	ו עם ו	ine com	oration	's board of o	directors.	I hereby a	ccept th	ie aproi	ntment	as rec	g stered
SIGNATUF.E	Signature, typed or printed na m	ne of registered agent a	nd title	if applicable.	(NOT	Registered	Agen	signature	required v	when reinstating)				DATE			
12.		OFFICERS AND				13.				ADDITI	ONS/CHA	NGES TO	OFFIC	ERS 1			
TITLE	PTD			☐ DEI	LETE	1,1 10	rl.E		Γ						□ c	nange	☐ Addition
NAME	VALDES, EUVALDO	D E.				1.2 NA	ME										Į
STREET ADDRESS	763 E. 36 ST.					1.3 ST	REET	ADDRESS	;								
CITY-ST-ZIP	HIALEAH FL					1.4 CI	TY-ST	-ZIP							_		
TITLE				☐ DEI	LETÉ	2.1 TI	ΠE									nange	☐ Addition
NAME						2.2 NA	ME										ŀ
STREET ADDRESS						2.3 ST	REET	ADDRESS	;								
CITY-ST-ZIP						2.4 C	ITY-S	T-ZIP									
TITLE				□ DEI	LETE	3.1 TI	TLE									nange	☐ Addition
NAME						32 NA	WE										
STREET ADDRESS						3 3 ST	REET	ADDRESS	;								
CITY-ST-ZIP						3.4. C	TY-S	T-ZIP									
TITLÉ				☐ DEI	LETE	4.1 TI	TLE								□ c	nange	Addition
NAME						4. 2 N	AME										
STREET ADDRESS						4.3 ST	REET	ADDRESS	;								
CITY-ST-ZIP						4.4 CI	TY-SI	- ZIP									
TITLE				☐ DEI	LETE	5.1 TI	ΠE		Τ						□c	nange	Addition
NAME						5.2 NA	<b>ME</b>										
STREET ADDRESS						5.3 ST	REET	ADDRESS	<b>;</b> [								
CITY-ST-ZIP						5.4 CI		- ZIP	<u>L</u> _								
TITLE		-		☐ DEI	LETE	6.1 TI	TLE									nange	☐ Addition
NAME						6.2 NA	AME										
STREET ADDRESS						6.3 ST	REET	ADDRESS	;								1

CITY-ST-ZIP

14. I herety 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR