

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006312 (0)

1. Corporation Name

J V P ASSOCIATES, INC.

Principal Place of Business

1215 N VENETIAN WAY
MIAMI FL 33139

Mailing Address

1215 N VENETIAN WAY
MIAMI FL 33139-11373. Date Incorporated or Qualified
12/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible 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

TREIN, STEPHEN R
1215 N VENETIAN WAY
MIAMI FL 33139

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME TREIN, STEPHEN R
STREET ADDRESS 1215 N VENETIAN WAY
CITY - ST - ZIP MIAMI FL 331391.1 TITLE T. ☐ Change ☒ Addition
1.2 NAME O'Reilly Hugh
1.3 STREET ADDRESS 475 Allendale Road
1.4 CITY - ST - ZIP Key Biscayne, FL 33149TITLE D ☐ DELETE
NAME CANICATTI, JOE
STREET ADDRESS 15461 SW 155TH TERRACE
CITY - ST - ZIP MIAMI FL 331872.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Tryon, Will
2.3 STREET ADDRESS 396 Lakeview Drive Apt 106
2.4 CITY - ST - ZIP Ft. Lauderdale, FL 33317TITLE D ☐ DELETE
NAME BOYCE, ROBERT
STREET ADDRESS 1660 S.W. 18TH COURT
CITY - ST - ZIP DAVIE FL 333253.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Pena, Jerry
3.3 STREET ADDRESS 9390 West Flagler St Apt 104
3.4 CITY - ST - ZIP Miami, FL 33174TITLE P ☐ DELETE
NAME KATZ, LARRY
STREET ADDRESS 3225 AVIATION AVENUE
CITY - ST - ZIP COCONUT GROVE FL 331334.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME KRANE, BARRY
STREET ADDRESS 2311 NW 114TH TERRACE
CITY - ST - ZIP PEMBROKE PINES FL 330265.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME BRAVERMAN, FELIX
STREET ADDRESS 13468 NW 6TH DRIVE
CITY - ST - ZIP PLANTATION FL 333256.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)

Stephen R. TRIBEN 2-5-97 305/3770770