FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 ck # 1981 $200

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000077930 (4)**

1. Corporation Name

MVP ADVERTISING, INC.

Principal Place of Business	Mailing Address
8530 NW 169TH TERRACE 15494 EAGLE NEST LANE. SUITE 150 MIAMI LAKES FL 33016 US	8530 NW 169TH TERRACE MIAMI LAKES FL 33016

3. Date Incorporated or Qualified: **11/05/1993** | 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 15495 Eagle nest lane	26 8530 NW 169th Terr
Suite, Apt. #, etc. 22 Suite 150	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, Fl	City & State 28 Miami Lakes, Fl
Zip: 24 33014 Country: 25 USA	Zip: 29 33016 Country: 30 USA

4. FEI Number: **65-0462472** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required ck # 1983

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 ck #

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN PUTTEN, OLMAYRA M 8530 NW 169TH TERRACE MIAMI LAKES FL 33016	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, Title or Capacity of the person authorized to sign this change) DATE (Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN PUTTEN, OLMAYRA		1.2 NAME	
STREET ADDRESS	8530 NW 169TH TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~PUTTEN, SCOTT VAN~~ VAN PUTTEN, SCOTT		2.2 NAME	
STREET ADDRESS	8530 NW 169 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: Olmayra M Van Putten 2/5/96 (305) 556-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #