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Feb 04 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 # P93000077930 (4)

1. Corporation Name
MVP ADVERTISING, INC.

Principal Place of Business

~~1000 EAGLE HUNT BLVD~~
~~MIAMI LAKES FL 33014~~
US

13960 NW 60th Ave
Suite 100

Mailing Address

8530 NW 169TH TERRACE
MIAMI LAKES FL 33016-0156
US

new Address: 13960 N.W. 60th Ave, Suite 100, ML, FL 33014

2. Principal Place of Business

21 13960 N.W. 60th Ave

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Miami Lakes, FL

Zip

24

Country

25

2a. Mailing Address

26 8530 NW 169th Ave

Suite, Apt. #, etc.

27

City & State

28 Miami Lakes, FL

Zip

29 33016

Country

30 USA

9. Name and Address of Current Registered Agent

VAN PUTTEN, OLMAYRA M
8530 NW 169TH TERRACE
MIAMI LAKES FL 33016

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

02/16/1996

4. FEI Number

65-0462472

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

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 P
NAME VAN PUTTEN, OLMAYRA
STREET ADDRESS 8530 NW 169TH TERR.
CITY-ST-ZIP MIAMI LAKES FL

TITLE VP
NAME VAN PUTTEN, SCOTT
STREET ADDRESS 8530 NW 169 TERRACE
CITY-ST-ZIP MIAMI LAKES FL

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: Olmayra M Van Putten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (305) 556-2200

Date

Daytime Phone #

CR2E034 (9/96)