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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P93000077930

1. Corporation Name

MVP ADVERTISING, INC.

Principal Place of Busines
13950 NW 60TH AVE SUITE NO
SUITE 100
MIAMI LARES FL 33014
US/

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90160 023 ***150.00



						((BBI!RBI)IA IBIBA)(I)I ARIII BA		914 18846 1811	** 14115 ##11 1##1	
Principal Place	_	Mailing Address						-		
13900 NW 60TH	I AVE	8530 NW 169TH TERRACE								
SUITE 100	1 00044	MIAMI LAKES FL 33016				DO NOT WRITE IN THIS SPACE				
MIAMI CARES F	L 33014	US			3	3. Date Incorporated or Qualifed				
•	•					11/05/1993			Ì	
2. Principal Pl	ace of Business	2a. Mailing Address			4	. FEI Number		_ A	Applied For	
	50 NW 1694 Terr	26				65-0462472 Not Applica			lot Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.					AN IN	\$8.75	Additional	
22		27			5	i. Certifcate of Status Desced	May Con. I	Fee F	Required	
City & State	9 _	City & State			6	. Election Campaign Financing		\$5.00	May Be	
23 Miar	- NO: - 4 A.S	28			-	Trust Fund Contribution		Added	I to Fees	
Zip	Country	Zip	Country	ý	8	. This corporation owes the curr	ent year Inta	ngibl e		
24 3301	6 25 U.SA	29	30			Personal Property Tax.		Yes	□4 √6	
	9. Name and Address of Current				10). Name and Address of New F	egistered A	gent		
			81	Nar	me					
VAN	PUTTEN, OLMAYRA M		-	C >	root Addroso /	(P.O. Box Number is Not Accepta	ıbla)			
8530	NW 169TH TERRACE		82	Sire	reet Address ((P.O. Box Number is Not Accepta	iDie)			
MIAN	/II LAKES FL 33016		83	1						
			84	City	ty		FL	85 Zip	Code	
11 Dureuant t	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	s the abov	e-nam	ned corporation	on submits this statement for the	purpose of o	hanging if	s registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	thorized by	ine c	corporation's t	board of directors. I hereby accep	it the appoin	ment as r	egistered	
SIGNATURE	•								į	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signal	ature required wher		DATE			
, 12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	Р .	☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	VAN PUTTEN, OLMAYRA		1.2 NAME							
STREET ADDRESS	8530 NW 169TH TERR.		1.3 STREE	TADDRI	RESS					
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-5	ST-ZIP						
TITLE	VP	☐ DELETE	2.1 TITLE					☐ Change	Addition	
NAME	VAN PUTTEN, SCOTT		2.2 NAME						}	
STREET ADDRESS	8530 NW 169 TERRACE		2.3 STREE	T ADDRI	RESS					
CITY-ST-ZIP	MIAMI LAKES FL		2. 4 CITY-		1					
TITLE		☐ DELETE	3.1 TITLE	<u> </u>				Change	Addition	
NAME		<u>-</u>	3.2 NAME	-		,	· - ·			
1			3.3 STREE		RESS				1	
STREET ADDRESS			3.4. CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	V+-EIF				Change	Addition	
,		<u></u>	4. 2 NAME					.= •	ł	
NAME			4.2 NAME:		Jeec				İ	
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	4.4 CITY-1	<u>1-2P</u>				Change	Addition i	
TITLE	•	□ pereie	5.1 TITLE 5.2 NAME		+					
NAME					DESS	•				
STREET ADDRESS			5.3 STREE		NE33				ļ	
CITY-ST-ZIP		T DELETE	5.4 CITY-1	51-ZIP				☐ Change	Addition	
TITLE		☐ DELETE								
NAME .	·	•	6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADDR	RESS					

14. I 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, with all other like empowered.

CITY-ST-ZIP