FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000078595 (4)**

1. Corporation Name

COLVEN OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
6300 N.E. 4TH AVE. MIAMI FL 33018	6300 N.E. 4TH AVE. MIAMI FL 33018

3. Date Incorporated or Qualified: **11/09/1993**

3a. Date of Last Report: **06/05/1995**

4. FEI Number: **65-0450577** ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

PERALTA, ALVARO M
1100 SW 85 TERR
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: michael k fish
82 Street Address (P.O. Box Number is Not Acceptable): 7700 N. KENDALL DR #505
83
84 City: miami FL 85 Zip Code: 33156

11. Pursuant to the provisions of Section 607.1403 and/or 1505, 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 607.325, Florida Statutes.

SIGNATURE: Michael K Fish 3/18/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	DELETE	1 TITLE: President ☒ Change ☒ Addition
NAME	PERALTA, ALVARO M		1 2 NAME: marvin mcknight
STREET ADDRESS	1100 SW 85 TERR		1 3 STREET ADDRESS: 1885 S. Treasure
CITY-ST-ZIP	PEMBROKE PINES FL		1 4 CITY-ST-ZIP: North Bay Village, fl 33141
TITLE	S	DELETE	2 TITLE ☐ Change ☐ Addition
NAME	PERALTA, JOYCE A		2 2 NAME
STREET ADDRESS	1100 SW 85 TERR		2 3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		2 4 CITY-ST-ZIP
TITLE	T	DELETE	3 TITLE ☐ Change ☐ Addition
NAME	PERALTA, ILSE M		3 2 NAME
STREET ADDRESS	1100 SW 85 TERR		3 3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		3 4 CITY-ST-ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY-ST-ZIP			4 4 CITY-ST-ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY-ST-ZIP			5 4 CITY-ST-ZIP
TITLE		☐ DELETE	6 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 (I) hereby certify that the information supplied with this filing is true, accurate, and complete. I qualify for the exemption under 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 added above.

SIGNATURE: Michael K Fish 3/18/96 (305)279-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE