FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/95--01140--009
****200.00 ****200.00

DOCUMENT # P94000033913 (2)

1. Corporation Name

~~JVP INC.~~ GLORIA M. DAVIS AND ASSOCIATE, INC

Principal Place of Business	Mailing Address
~~P.O. BOX 523783~~ ~~MIAMI FL 33152-3783~~ 3191 CORAL WAY, Suite 621 Miami, FL, 33145	~~P.O. BOX 523783~~ ~~MIAMI FL 33152-3783~~ 3191 CORAL WAY, Suite 621 Miami, FL, 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:
4. FEI Number: 65-0549255 ☐ 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

9. Name and Address of Current Registered Agent

DAVIS, WILLIAM J
9760 SW 16 ST
MIAMI FL 33165

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 is Required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DAVIS, WILLIAM J
STREET ADDRESS	P.O. BOX 523783 N/A
CITY-ST-ZIP	MIAMI FL 33152-3783
TITLE	VSD
NAME	DAVIS, GLORIA M
STREET ADDRESS	P.O. BOX 523783 N/A
CITY-ST-ZIP	MIAMI FL 33152-3783
TITLE	SECRETREY.
NAME	DAVIS, William J.
STREET ADDRESS	3191 Coral Way, Suite 621
CITY-ST-ZIP	Miami, FL 33145
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

11 TITLE	PTD	☑ Change ☐ Addition
12 NAME	DAVIS, GLORIA M.	
13 STREET ADDRESS	3191 Coral Way, Suite 621	
14 CITY-ST-ZIP	Miami, FL, 33145	
21 TITLE	VSD	☑ Change ☐ Addition
22 NAME	FERNANDEZ, GLORIA	
23 STREET ADDRESS	3191 Coral Way, Suite 621	
24 CITY-ST-ZIP	Miami, FL, 33145	
31 TITLE	SEAT.	☐ Change ☑ Addition
32 NAME	DAVIS, William J.	
33 STREET ADDRESS	3191 CORAL WAY, Suite 621	
34 CITY-ST-ZIP	Miami, FL, 33145	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: Gloria M Davis GLORIA M. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

Date (305) 448-5076
Daytime Phone Number

0163141 CR