

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000038633 (1)**

1. Corporation Name
FMV, INC.



Principal Place of Business: **C/O MONTERO FINIZO VELASQUEZ & WEISSING 200 SE 9TH ST. FT LAUDERDALE FL 33316**
Mailing Address: **C/O MONTERO FINIZO VELASQUEZ & WEISSING 200 SE 9TH ST. FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **05/23/1994** 3a. Date of Last Report: **04/28/1995**
4. FEI Number: **APPLIED FOR 65-0491898** 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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINIZO, PAUL
200 SE 9 ST
FT LAUDERDALE FL 33316**

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 as applicable

(SEE 10. Registered Agent signature required when new stock)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRIGLIO, BARBARA	1.2 NAME	
STREET ADDRESS	22 E TENTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	D THORNTON, PAMELA	2.2 NAME	
STREET ADDRESS	22 E TENTH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***200.00**

4/23/96

SIGNATURE:

Barbara Briglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
DATE

(407)994-9131
Daytime Phone #

CR2E034 (12/95)