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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000067022 (1)**

1. Corporation Name
A.V.N. II, CORP.

Principal Place of Business	Mailing Address
114 MENDOZA 41 CORAL GABLES FL 33134 US	114 MENDOZA 41 CORAL GABLES FL 33134-4057 US

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 114 MENDOZA AVE.	26 114 MENDOZA AVE
22 Suite, Apt. #, etc. #25	27 Suite, Apt. #, etc. #25
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLE, FL
24 Zip 33134 25 Country DADE	29 Zip 33134 30 Country DADE

4. FEI Number: 59-3274775 ☐ 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	10. Name and Address of New Registered Agent
OLAIGBE, OLA 18441 NW 2ND AVE SUITE 220 MIAMI FL 33169	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINTERO, MARIA E ~~906 DELFINO PLACE~~ ~~LAKEMARY FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 114 Mendoza # 25 Coral Gables, Fl. 33134-
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARDO, EDUARDO ~~114 MENDOZA #41~~ ~~CORAL GABLES FL 33134~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 114 Mendoza #25 Coral Gables, Fl. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALARZA, AGUSTIN ~~8001 OAK BEND #8108~~ ~~ORLANDO FL 32835~~ ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 906 Delfino Place Lake Mary Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: M Quintero 03/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #