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 # **P94000076321 (6)**

1. Corporation Name

M.V. WHOLESALE, CORP.

Principal Place of Business

4001 MONSERRATE
STE 416
MIAMI FL 4
US

Mailing Address

4001 MONSERRATE
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 10/18/1994

3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21 3750 N.W. 28ST BAY#416
Suite, Apt. #, etc.
22 BAY # 416
City & State
23 MIAMI, FL
Zip 24 33142 Country 25 DADE

2a. Mailing Address
26 1553 S.W. 5 ST.
Suite, Apt. #, etc.
27 APT #1
City & State
28 MIAMI, FL
Zip 29 33135 Country 30 DADE

4. FEI Number: 65-0532843 — 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

VALDES, ANDRES JR
4001 MONSERRATE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name [redacted]
82 Street Address (P.O. Box Number is Not Acceptable) 1553 S.W. 5 ST APT #1
83
84 City MIAMI FL 85 Zip Code 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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] 1-26-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☒ DELETE
NAME	VALDES, ANDRES JR	
STREET ADDRESS	4001 MONSERRATE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	☐ DELETE
NAME	ORTIZ, ROBERTO	
STREET ADDRESS	4001 MONSERRATE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	☐ Change ☒ Addition
1.2 NAME	JOSE MARTINEZ	
1.3 STREET ADDRESS	1553 S.W. 5 ST APT #1	
1.4 CITY-ST-ZIP	MIAMI, FL 33135	
2.1 TITLE	DV	☐ Change ☒ Addition
2.2 NAME	ORTIZ, ROBERTO	
2.3 STREET ADDRESS	3325 E. 3 AVE	
2.4 CITY-ST-ZIP	HIALEAH, FL 33013	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] JOSE MARTINEZ 1-26-96 305-446-4542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #