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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

4-24-96

1996

P94000079293 (4)

DOCUMENT #

1. Corporation Name

STREET ADDRESS

SIGNATUR

M & V & L CORPORATION, INC.

								4 11 410 (
Principal Place o	f Business										
1205 LINCOLN MIAMI BEACH	I ROAD. STE. 219 FL 33139	1205 LINCOLN ROAD. MIAMI BEACH FL 331									
						3. Date Incorporated or Qualified 10/27/1994	3a. Date of La 05/01				
2. Principal Plac	Place of Business 2a. Mailing Address 26					4. FEI Number 65-0529778	Applied For Not Applical		oplied For ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	7 -	\$8.75 Additional Fee Required			
City & State City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip Country		Zip	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes 2540					
24	25	29	1301			10. Name and Address of New F		t			
	9. Name and Address of Cur	tent uedistaten wähilt		81 Na	me						
PENA, LUIS O				1		dress (P.O. Box Number is Not Acceptable)					
1205 LINCOLN ROAD, STE. 219 MIAMI BEACH FL 33139				83							
•				84 Ci	,	ration submits this statement for the pu	FL 85	1	Code		
Children Appendix App				Registered Agent signature required when reinstating: Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				RS IN 12			
12.	DP OFFICERS	DELETE		1 1 TITLE			Ch		☐ Addition		
TITLE	PENA, LUIS O			IAME							
NAME	1205 LINCOLN ROAD, ST	TE. 219		TREET ADD	RESS						
STREET ADDRESS	MIAMI BEACH FL 33139			HTY-ST-ZIF	l l						
CITY-ST-ZIP	DV	DELETE		TITLE			Ch	ange	☐ Addition		
TITLE	PENA, MIRIAM G		221	IAME							
NAME OTHER ADDRESS	1205 LINCOLN ROAD, ST	TE. 219		STREET ADD	RESS						
STREET ADDRESS	MIAMI BEACH FL 33139			CITY - ST - ZII							
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		-		NAME							
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TITLE				NAME		00000179 -04/25/9601	コランタし	J			
NAME				STREET ADD	RESS	~U4/25/35~~U1:	n18053				
STREET ADDRESS				CITY-S1-ZI		***200.00					
CITY - ST - ZIP		LJ DEFELE		TITLE			□ CI	iange	Addition		
TITLE		L.,		NAME							
NAME				STREET ADI	BESS						
STREET ADDRESS				CITY-ST-Z	1						
CITY-ST-ZIP		[7] DELETE		TITLE	·			nange	☐ Addition		
TITLE		L) occit		NAME					Na		
L ALIE	i .		■ 0 Z	PARTIE L							

6.3 STREET ADDRESS

CITY-S1-ZIP

64 CITY-S1-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)(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 changes, or our an effect men with an address.

SNATUREARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR