

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 PM 1:33

**DOCUMENT # P94000085718 (2)**

1. Corporation Name

**M.V.M. DEVELOPMENT INTERNATIONAL CORPORATION**

Principal Place of Business

421 MAYA AVE  
CORAL GABLES FL 33146

Mailing Address

421 MAYA AVE  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/28/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**65 0541361**

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

**Added to Fees**

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under § 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**VISSER, MARIA M  
421 MAYA AVE  
CORAL GABLES FL 33146**

10. Name and Address of Now 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	DP
11.2 NAME	VISSER, MARIA M
11.3 STREET ADDRESS	421 MAYA AVE
11.4 CITY, ST, ZIP	CORAL GABLES FL 33146
11.5 TITLE	
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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. 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 in an attachment with an address.

SIGNATURE:

*Maria Masvidal - Visser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARIA MASVIDAL - VISSER**

1-11-94

305-665-1641