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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000007238 (5)

MIAMI R.V., INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Apr 23 1996 8:00 am Secretary of State

|--|--|

April 17/96 305-591-0777

5045 NW 79TH AVENUE MIAMI FL 33166		5045 NW 78TH AVENUE MIAMI FL 33166				
				<ol> <li>Date Incorporated or Qualified</li> <li>01/27/1995</li> </ol>	3a. Date of Last	
. Principal Plac	e_of_Business	2a. Mailing Address	tha	4. FEI Number		Applied For
5371		26 537 N.W	79 HOS	65-05522	47	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional e Required
<u>-</u> -		27 City 9 State		6. Election Campaign Financing		.00 May Be
City & State	F1	City & State	Fl	Trust Fund Contribution		ded to Fees
<u></u>	Country	Zip	Country	8. This corporation has liability for	intangible tax under	s 199.032,
$1 \div \sim 17$	, , , , , , , , , , , , , , , , , , ,	29 33166 31	<u>HZU</u>	110.100.0101	No	
	9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New F	edistered where	
			1.17	pavid t. tra		
FRANTSI,			82 Street Add	dress (P.O. Box Number is Not Acceptate	Bus.	
	79TH AVENUE		63		1.10	
MIAMI FL	. 33166		84 City /		85	Zio Code
			1.1 . MI	iami		Zip Code 33166
1. Pursuant to	the provisions of Sections 607.0502 an	d 607.1508, Florida Statutes, t	he above-named corp	pration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing if xointment as registe	ts registered office red agent. I am
or registere familiar with	d agent, or both, in the State of Florida.	607.0505, Florida Statutes.	y the corporation a co	tild of directors. Thorsely decopy the exp	•	v
IGNATURE	Signature typod or printed name of registered agent and	Tithe it applicable (NOTE F	Registered Agont signature redu	red when reinstating)	DATE	7000 11 40
2.	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FIGERS AND DIREC	
T.F	D	☐ DELETE			Chang	je 🗀 Addition
AME	FRANTSI, DAVID E		1.2 NAME	rantel David	٠ ــــ ،	
TREET ADDRESS	5045 NW 79TH AVENUE			Miami Fl 33	10e	
TY-ST-ZIP	MIAMI FL 33166	DELETE	1.4 CITY-ST-ZIP 2. 1 TiTLE	man C 3	Chan	ge 🔲 Addition
TLF		ب	2.2 NAME			
AME AREET ADORESS			2 3 STREET ADDRESS			
HY-ST-ZIP			24 CITY-ST-ZIP			
ITLE		☐ DELETE	3 1 TITLE		☐ Chan	nge 🗌 Addition
AME			3 2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
ITY - S1 - ZIP		DE STE	34 CITY-ST-ZIP		Char	nge
ITLE		☐ DELETE	4 1 TITLE		L., 31101	
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
DITY - ST-ZIP		DELETE	5 1 TITLE		Char	nge 🔲 Addition
TITLE NAME		<u> </u>	52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
STREET MUUNESS			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6. 1 TITLE		☐ Chai	nge 🗌 Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CrTY+ST-ZiP			6.4 CITY - ST - ZIP	is for the exemption stated in Rection 11	9.07(3)(k) Florida S	statutes. I further
14. I do hereb certify that	L by cedify that the information supplied with the information indicated on this annual I am an officer or director of the corpora Block 12 or Black 13 if changad, or or	thop or the receiver or trustee (	ned and does not qualing and accompowered to execute	y for the exemption stated in Section 11 urate and that my signature shall have the this report as required by Chapter 607.	9.07(3)(k), Florida S ne same legal effect Florida Statutes; an	tatutes. I t as if mad id that my