SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000007942 (2)

1. Corporation Name

FIVO V, INC.

Principal Place of Business	Mailing Address
848 BRICKELL AVE SUITE 200 MIAMI FL 33131	848 BRICKELL AVE SUITE 200 MIAMI FL 33131

3. Date Incorporated or Qualified: 01/31/1995
3a. Date of Last Report:
4. FEI Number: 58-2162150 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — **$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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 71 South Central Avenue	26 71 South Central Avenue
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Valley Stream, NY	28 City & State: Valley Stream, NY
24 Zip: 11580 — 25 Country: USA	29 Zip: 11580 — 30 Country: USA

9. Name and Address of Current Registered Agent

BERK, ARTHUR J
848 BRICKELL AVE
SUITE 200
MIAMI FL 33131

10. Name and Address of New 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
[X] DELETE			[ ] Change [X] Addition
TITLE	D	1.1 TITLE	P/D
NAME	BERK, ARTHUR J	1.2 NAME	Dale Vogel
STREET ADDRESS	848 BRICKELL AVE SUITE 200	1.3 STREET ADDRESS	3000 Island Blvd., Unit 2003
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	~~North Miami Beach, FL 33160~~
[ ] DELETE			[ ] Change [ ] Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
[ ] DELETE			[ ] Change [ ] Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
[ ] DELETE			[ ] Change [ ] Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
[ ] DELETE			[ ] Change [ ] Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
[ ] DELETE			[ ] Change [ ] Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X DALE L. VOGEL Dale Vogel — 8/2/96 — 954-927-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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