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 # **P95000014819 (3)**

1. Corporation Name
M V V T SERVICE CORP.

Principal Place of Business	Mailing Address
14758 S. W. 60TH STREET MIAMI FL 33193	14758 S. W. 60TH STREET MIAMI FL 33193

3. Date Incorporated or Qualified: **02/13/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: **14836 S.W. 60TH STREET**
Suite, Apt. #, etc. 22:
City & State 23: **MIAMI, FL 33193**
Zip 24: Country 25:

2a. Mailing Address
26: **14836 S.W. 60TH STREET**
Suite, Apt. #, etc. 27:
City & State 28: **MIAMI, FL 33193**
Zip 29: Country 30:

4. FEI Number: **65-0565428** ☐ 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

MONSALVE, LEONEL ANTONIO
8600 S. W. 133RD STREET
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: **MARTHA GARZON**
82 Street Address (P.O. Box Number is Not Acceptable): **14836 S.W. 60TH STREET**
83:
84 City: **MIAMI,** **FL** 85 Zip Code: **33193**

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: X Martha Garzon — **MARTHA GARZON** — **4/30/96**
Signature, typed or printed name of registered agent, and the date. NOTE: Registered Agent's signature required for filing. DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE: D NAME: MONSALVE, MANUEL ANTONIO STREET ADDRESS: 8600 S.W. 133RD STREET CITY-ST-ZIP: MIAMI FL 33193	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE: P 2.2 NAME: MARTHA GARZON 2.3 STREET ADDRESS: 14836 S.W. 60TH STREET 2.4 CITY-ST-ZIP: MIAMI, FL 33193	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: X Martha Garzon — **MARTHA GARZON** — **4/30/96** — **(305)388-1136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #