FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014819 (3)

Country

M V V T SERVICE CORP.

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Principal Place of Business Mailing Address 14836 SW 60TH ST. 14836 SW 60TH ST. MIAMI FL 33183-2462 MIAMI FL 33193 3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0565428 26 Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution

Zip

Yes No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARZON, MARTHA 14836 SW 60TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193 B3** Zip Code City

Country

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 ramiliar with, and accept the obligations or, Section 607,0000, Pibrios Statutes.						
SIGNATURE Signature: typ-of or printed name of registerial agent and bits if applicable. (NOTE: Registered Agent signature required when reliabiliting) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTORS	5 IN 12
TITLE	P	TE 1.1 TITLE			Charige	Addition
NAME	GARZON, MARTHA	1.2 NAME				ĺ
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TITLE	☐ DELE				Change	Addition
NAME		62 NAME				
STREET ADDRESS		63 STREET ADDRESS				
CITY - S1 - 7IP		64 CITY-ST-ZIP	1			

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Apr 22 1997 8:00am

Secretary of State

This corporation has liability for intangible tax under s. 199.032,

Applied For

Fee Required

Added to Fees

Not Applicable