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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015841 (6)

| I.V.G. CORP. Principal Place of Business Mailing Address 141 N.E. 3RD AVE 10TH FLOOR 10TH FLOOR MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 2a. Mailing Address | | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 02/24/1995 4. FEI Number | |
|---|--|----------------------|---------------------------|-------------------------------------|---|--------------------------------|
| 21 | | 26 | | 65-0635735 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | 0 | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes or has paid the co | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yos Who |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 Name | 10. Name and Address of New Registered | i Agent |
| ROSEN, BORIS 25 SE 2ND AVENUE STE. 220 MIAMI FL 33131 | | | | 83 City | Idress (P.O. Box Number is Not Acceptable) | 85 Zip Code |
| SIGNATURE | Signature, typied or printed name of registered a | | 1 | | orporation submits this statement for the purpose ration's board of directors. I hereby accept the appearance when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | D | ☐ DELETE | 1. (1) | .f | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CHY-SI-ZIP | KOZOLCHYK, BORIS 141 N.E. 3RD AVE., 10TH FLOOR MIAMI FL 33132 | | 11 | ME HEHT ADDRESS Y-ST-ZIP | | |
| TIPLE NAME STREET ADDRESS | D DELETE KOZOLCHYK, MIRTA SS 141 N.E. 3RD AVE., 10TH FLOOR MIAMI FL 33132 | | | E ME LEET ADDRESS Y-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS | WINTE COLOR | DELETE | 3 JITL 3 JAN 3 3 TR | EET ADDRESS | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | DELFTE | 4.1(T) 4. NA 4.3(T) | | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | DELETE | 5.1(T) 5.2(A) | E | | Change Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the emption 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 at that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to executehis 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.

5. CITY - ST - ZIP

6.31REET ADDRESS

6411Y-S1-ZIP

6.111LF

6.2'AME

DELETE

Change

Addition

FILED

Jan 20 1998 8:00am

Secretary of State