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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015841

I.V.G. CORP.

								:				
Principal Place of Business Mailing Address					•							
141 N.E. 3RD AVE 141 N.E. 3RD AVE												
10TH FLOOR			10TH FLOOR									
MIAMI FL 33132			MIAMI FL 33132				DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed				
•								02/24/1995				
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number			Applied For	
21			26					65-0635735			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	Certifcate of Status Desired		\$8.7	5 Additional	
22			27				J 3.	Certificate of Status Desired	<u> </u>	Fee	Required	
City & State			City & State				6.	Election Campaign Financing		\$5.0	O May Be	
23			28					Trust Fund Contribution		Adde	d to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible					
24	25 29			30			Personal Property Tax.					
2-7	9. Name and Address of Curre		red Agent	11			10.	Name and Address of New	Registered /	Agent		
	<u> </u>				81	Name						
ROSI	en, Boris				1 11							
25 SE 2ND AVENUE STE. 220					82 Street Add			ress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131								 		1.		
· MIMIN	II FL 33131				83			•		1.75		
					84	City				85 Z	p Code	
						•			FL			
office or re	to the provisions of Sections 607.09 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida	. Such change was a	authorized	i by i	the corporat	poration tion's bo	n submits this statement for the pard of directors. I hereby acce	purpose of option pt the appoin	changing itment as	its registered registered	
	,	•										
SIGNÁTURE	Signature, typed or printed name of registered a	ent and title if a	pplicable. (NOT	E: Registered	Agent	t signature requir	red when re	einstating)	DATE			
12.	OFFICERS A	ND DIREC	TORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12	
TITLE *	D		☐ DELETE	1.1 Tr1	ΓLE					Chang	je 🔲 Addition	
NAME	KOZOLCHYK, BORIS			1.2 NA	ME							
STREET ADDRESS 141 N.E. 3RD AVE., 10TH FLOOR					1.3 STREET ADDRESS							
					1.4 CITY-ST-ZIP							
CITY-ST-ZIP	MIAMI FL 33132		☐ DELETE	_		-ZIP				Chang	e Addition	
TITLE	D .			2.1 Tfl							ic	
NAME	KOZOLCHYK, MIRTA			2.2 NA	ME							
STREET ADDRESS 141 N.E. 3RD AVE., 10TH FLOOR					2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33132			2.4 C	ITY-\$1	T-ZIP						
TITLE	• .		☐ DELETE	3.1 111	ILE .			•		Chang	je 🗌 Addition	
NAME .				3.2 NA	ME							
STREET ADDRESS				3.3 ST	REET	ADDRESS						
CITY-ST-ZIP				3.4. CI							*	
TITLE			☐ DELETE	4.1 TI		,				Chang	je	
				4.2 N								
NAME												
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			C) ~~		TY-ST	-ZIP				[] C	10 T 6 J 3 5 5 5 5	
TITLE			☐ DELETE	5.1 TT						Chang	je Addition	
NAME.				5.2 NA								
STREET ADDRESS	**			5.3 ST	REET	ADDRESS					ł	
CITY-ST-ZIP				5.4 CF	TY-ST	T-ZIP						
TITLE			☐ DELETE	6.1 TIT	ILE					Chang	je 🗌 Addition	
NAME				6.2 NA	ME						ł	
STREET ADDRESS				6.3 ST	REET	ADDRESS						

14. I 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90068 020 ***150.00