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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90098 008 ***150.00

1999 DOCUMENT # P95000042985

1. Corporation Name

MVR INT	ERNATIONAL, INC.									
Principal Place	o of Business	Mailing A	ddross					- 1 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	jeli ulbio 11070 10	
•		-	THGATE BLVD							
7580 SOUTHGA 33	ILE BLAD	33	INDATE DEVE							
N LAUDERDALE FL 33068 N LAUDEDALE FL 33068							DO NOT WRITE IN TI	1IS SPACE		
US US							3. Date Incorporated or Qualifed			
								06/02/1995		
2. Principal P	lace of Business	2a. Mailin	g Address					4. FEI Number	⊢	Applied For
21		26						65-0586292		Not Applicable
Suite, Apt.	#, etc.	—	Suite, Apt. #, etc.				-	5. Certifcate of Status Desired		Additional Required
City & Stat	e		City & State					6. Election Campaign Financing	\$5.0	0 May Be
23		28						Trust Fund Contribution		d to Fees
Zip	Country	Zip		Co	ountry			8. This corporation owes the current year	Intangible	
24	25	29		30				Personal Property Tax.	Yes	ØNo .
	9. Name and Address of Current	Registered /	Agent					10. Name and Address of New Register	ed Agent	
141.44					81	Nar	ne			
KHALLOUQI, MIKKI					82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
7580 SOUTHGATE BLVD #33				OZ Street Addres			,			
N LA	AUDERDALE FL 33068				83					
					84	City			85 Zi	ip Code
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office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Suci ions of, Sectio	h change was at in 607.0505, Floi	ithoriza ida Sta	ed by atutes.	the c	orporatioi	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	registered
	Signature, typed or printed name of registered agent		···			t signat	ure required	ADDITIONS/CHANGES TO OFFICERS		TOPS IN 12
12.	OFFICERS ANI	J DIRECTORS	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	KHALLOUQI, MIKKI		DECENE		NAME				<u> </u>	· · · · · ·
NAME	5615 NW 108 TERR				STREET	ADDD	-00			
STREET ADDRESS	CORAL SPRINGS FL 33076						-33			ļ
CITY-ST-ZIP			DELETE		CITY-ST	I-ZIP			☐ Chang	e 🗀 Addition
TITLE	VSD VEDA		- Decere	1				•		,. (2
NAME	KHALLOUQI, VERA				NAME		-65			
STREET ADDRESS	5615 NW 108 TERR				STREET		:55			
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NAME						* * D * C *				
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NAME	•									
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NAME	•			ı	STREET	י אורוניי	F66			
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NAME	, ·				STREET	r ADDD	556			
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CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954 7206725