FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P95000055720 (3)

Corporation Name	33000033720	J
M.V. PUBLISHING INC.		



Dringingt Diago	at Dual-		1 17 Table 1	;	
Principal Place		Mailing Address			****** ****** ****** ***** *****
6228 NW 1 HIALEAH F	IBIST TERRACE EL 33015	6228 NW 181ST TEI HIALEAH FL 33015	RRACE		
				3. Date Incorporated or Qualified 3a. Date of I 07/17/1995	Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	D -A-	[2:6]		62-0132243	Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27]		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	T 0	Trust Fund Contribution	Added to Fees
24	25	29	Country 30	8. This corporation has liability for intengible tax un	nder s. 199.032,
	9. Name and Address of Currer		190]	Florida Statutes Yes No 10. Name and Address of New Registered Age	
			81 Name	10; Name and Address of New Negistered Age	THE
VILLAF	R, MAYRA		,		
	NW 181ST TERRACE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AH FL 33015		83		· · · · · · · · · · · · · · · · · · ·
dd Dua	4		84 City	FL ⁸	'
or register	to the provisions of Sections 607.0502 adjagent, or both, in the Stale of Flori	' and 607.1508, Florida Statut da. Such change was authoriz	es, the above-named corpored by the corporation's boa	ration submits this statement for the purpose of changir ard of directors. I hereby accept the appointment as regi	ig its registered office
familiar wi	th and accept the obligations of, Seat	ion 607.0505, Florida Statutes	3.	are or exectors. Thereby accept the appointment as region	stered agent. Lam
SIGNATURE _	Signato - typed opprinted name of registered agent	Oceans)			<u>9</u> 960
12.		D DIRECTORS	OTE: Registered Agent signature require 13.		
TITLE	D	DELETE	1. 1 TITLÉ	ADDITIONS/CHANGES TO OFFICERS AND DIR	
NAME	VILLAR, MAYRA	E second	1.2 NAME		hange 🔲 Addition
STREET ADDRESS	6228 NW 181ST TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE	Cr	nange 📄 Addition
NAME			22 NAME	[] ti	range [] Abdition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	[] Ch	nange [1] Addition
NAME			3.2 NAME		lange
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP			3 4 CITY - ST - ZIP		
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NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Í
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NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			64 CITY-ST-ZIP		
14 Ldo hereby	certify that the information supplied y	with this films is valuated to two	iobool and dans not a wife f		

I do nereby 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 or an attachment with an address.

ella

MATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: