

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
98 OCT 26 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064894 (5)

1. Corporation Name

FLORVEN SALES & INVESTMENT CORPORATION

Principal Place of Business

4839 S.W. 148TH AVE  
519  
DAVIE FL 33330

Mailing Address

4839 S.W. 148TH AVE  
519  
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/22/1995

4. FEI Number

65-0608676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LARIOT, JULIO O  
1409 CAMELLIA CIRCLE  
SUITE 220  
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name LEE ROBERT A.

82 Street Address (P.O. Box Number is Not Acceptable)

1702 SALERNO CR.

83

84 City WESTON

FL

85 Zip Code

33327

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed name, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☒ DELETE

NAME ~~NAVARRO, NELSON M.~~  
STREET ADDRESS 4839 S.W. 148TH AVE  
CITY-ST-ZIP MARACAIBO VE

TITLE VP ☒ DELETE

NAME ~~NAVARRO, NELSON M.~~  
STREET ADDRESS 1409 CAMELLIA CIRCLE  
CITY-ST-ZIP WESTON FL

TITLE T ☒ DELETE

NAME ~~LARIOT, MERCEDES S.~~  
STREET ADDRESS 1409 CAMELLIA CIRCLE  
CITY-ST-ZIP WESTON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☐ Change ☒ Addition

1.2 NAME Lee, Robert A.

1.3 STREET ADDRESS 1702 Salerno CR.

1.4 CITY-ST-ZIP Weston, FL. 33327

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 800002680488--2

2.3 STREET ADDRESS -11/04/98--01076--010

2.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 800002680488--2

3.3 STREET ADDRESS -11/04/98--01076--011

3.4 CITY-ST-ZIP \*\*\*\*400.00 \*\*\*\*400.00

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T

4.3 STREET ADDRESS LEE ROBERT A.

1702 SALERNO CR.

4.4 CITY-ST-ZIP WESTON FL 33327

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(f), 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 in an attachment with an address.

SIGNATURE: SIGNATURE ROBERT A. LEE

4/28/98

(305) 986543

CR2E034 (10/97)