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

Mailing Address

MIAMI FL 33160-3119

3600 NE 170 STREET #0-111

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Date

Daylime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000067797 (7)**

LVM CO.

MIAMI FL 33160

Principal Place of Business

3600 NE 170 STREET #D-111

appears in Block 12 or Block

SIGNATURE:

3. Date incorporated or Qualified 3a. Date of Last Report 09/01/1995 07/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0610141 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Z_{1D} Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOLLEDA, JOSE M 30 SW 71 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144-2614 83 84 City Zip Code 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 13, DELETE Change ☐ Addition 1.1 TITLE THE MONELLA, LILLIAN NAME 1.2 NAME 3600 E 170 STREET D111 1.3 STREET ADDRESS STREET ACCRESS MIAMI FL 0-17 - 51 - 7/P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAV: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition Hitt 3.1 TITLE 3.2 NAME NAME SUREEL ADDRESS 3 3 STREET ADDRESS 0437-SI-7/2 3.4 CITY-\$1-2IP DELETE Change Addition mu 41 TITLE 4. 2 NAME NAME STREET ADDRESS **43 STREET ADDRESS** 4 4 CHY-ST-ZIP CITY- \$1-74° DELETE Addition Charge THE 51 TITLE 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CH1-87 7P DELETE Change Addition TIFLE 6.1 TITLE NSM: 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** COTY ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with his 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 it 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