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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 25 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074960

1. Corporation Name

W.L.V. Investments, Inc.

Principal Place of Business
6361 Sunset Drive
South Miami, FL 33143

Mailing Address
6361 Sunset Drive
South Miami, FL 33143

2. Principal Place of Business
21 1607 Ponce De Leon Blvd.
Suite, Apt. #, etc.
22 Suite 101
City & State
23 Coral Gables, FL
Zip Country
24 33134 25 US

2a. Mailing Address
26 1607 Ponce De Leon Blvd.
Suite, Apt. #, etc.
27 Suite 101
City & State
28 Coral Gables, FL
Zip Country
29 33134 30 US

3. Date Incorporated or Qualified
9-28-95

3a. Date of Last Report
5-30-96

4. FEI Number
Applied For ☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Nunez, Alejandro, Esq.
6361 Sunse Drive
South Miami, FL 33143

10. Name and Address of New Registered Agent

81 Name
Alejandro Nunez, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
1607 Ponce De Leon Blvd.
83 Suite 101
84 City
Coral Gables, FL
85 Zip Code
33134

11. Pursuant to the provisions of Sections 607.0102 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 or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------------|-------------------|-----------------------|--------------------------|
| PD | VELAZQUEZ, WILFREDO LUIS | 6361 Sunset Drive | South Miami, FL 33143 | <input type="checkbox"/> |
| STD | VELAZQUEZ, DIANA | 6361 Sunset Drive | South Miami, FL 33143 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------------|----------------------------------|------------------------|--------------------------|
| PD | VELAZQUEZ, WILFREDO LUIS | 1607 Ponce De Leon Blvd, Ste 101 | Coral Gables, FL 33134 | <input type="checkbox"/> |
| STD | VELAZQUEZ, DIANA | 1607 Ponce De Leon Blvd, Ste 101 | Coral Gables, FL 33134 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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****165.00 ****165.00

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

14. I do 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:

SIGNATURE:

W. L. V. Investments, Inc.

4-11-97

774-6222

CR2E034 (9/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

| | | |
|-------------------------------|---|-------------------------------------|
| Please type or print clearly. | 1 Name of applicant (Legal name) (See instructions.) W.L.V. Investments, Inc. | |
| | 2 Trade name of business, if different from name in line 1 | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (street address) (room, apt., or suite no.) 1607 Ponce de Leon Blvd., Ste. 101 | |
| | 5a Business address, if different from address in lines 4a and 4b | |
| | 4b City, state, and ZIP code Coral Gables, Fl. 33134 | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located Dade County, Florida | |
| | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ Wilfredo Luis Velazquez | |

| | | |
|---|---|--|
| 8a Type of entity (Check only one box.) (See instructions.) | <input type="checkbox"/> Estate (SSN of decedent) _____ | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Sole Proprietor (SSN) _____ | <input type="checkbox"/> Plan administrator-SSN _____ | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> National guard | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) _____ | <input type="checkbox"/> Church or church controlled organization | |
| <input checked="" type="checkbox"/> Other (specify) ▶ _____ | (enter GEN if applicable) _____ | |

| | | |
|---|-------------------------|-------------------------------|
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State Florida | Foreign country N/A |
|---|-------------------------|-------------------------------|

| | |
|--|---|
| 9 Reason for applying (Check only one box.) | <input type="checkbox"/> Changed type of organization (specify) ▶ _____ |
| <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Hired employees | <input type="checkbox"/> Created a trust (specify) ▶ _____ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | |
| <input type="checkbox"/> Banking purpose (specify) ▶ _____ | <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| 10 Date business started or acquired (Mo., day, year) (See instructions.) September 28, 1995 | 11 Enter closing month of accounting year. (See instructions.) December 31 |
|--|--|

| |
|--|
| 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ August 1st 1997 |
|--|

| | | | |
|---|-----------------------------|----------------------------|-------------------------|
| 13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ | Nonagricultural 1 | Agricultural -0- | Household -0- |
|---|-----------------------------|----------------------------|-------------------------|

| |
|---|
| 14 Principal activity (See instructions.) ▶ |
|---|

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|--|
| 15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If "Yes," principal product and raw material used ▶ |

| | | |
|---|---|------------------------------|
| 16 To whom are most of the products or services sold? Please check the appropriate box. | <input type="checkbox"/> Business (wholesale) | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Public (retail) | <input type="checkbox"/> Other (specify) ▶ | |

| |
|---|
| 17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Note: If "Yes," please complete lines 17b and 17c. |

| |
|--|
| 17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. |
|--|

| | |
|--------------|--------------|
| Legal name ▶ | Trade name ▶ |
|--------------|--------------|

| | | |
|---|----------------------------|--------------|
| 17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. | | |
| Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Wilfredo Luis Velazquez, President**

Signature ▶  Date ▶ **7-21-97**

Note: Do not write below this line. For official use only.

| | | | | | |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|