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

DOCUMENT # P95000074960 (2)

W.L.V. INVESTMENTS, INC.

Mailing Address

Principal Place of Business

FILED May 18 1998 8:00am Secretary of State



SUITE 101 CORAL GABLES FL 33134		SUITE 101	SUITE 101 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1995	
2. Principal Pl	ace of Business	2a, Mailing Add	2a. Mailing Address			4. FEI Number (65-063542C) Applied For	
21		26				APPLIED FOR Not Applicable	
Suite, Apt. (#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
City & State		City & State	City & State			the control of the co	
23	•	28				6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	untry	<i></i>	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 📈 No	
	g, Name and Address of Curre	nt Registered Agent		$oxed{\Box}$		10. Name and Address of New Registered Agent	
NUNEZ, ALEJANDRO ESQ.				81 Name			
	7 PONCE DE LEON BLVD			82 Street Add		Address (P.O. Box Number is Not Acceptable)	
SUI	TE 101			L			
CO	RAL GABLES FL 33134			83	Ì		
	• •			84	City	85 Zip Code	
				L		<u> </u>	
 Pursuant to office or re 	o the provisions of Sections 6M 056 edistered agent for both in the State	02 and 607.1508, Flori e of Florida, Such ch a	ida Statutes, the a	abov ed be	e-named v the con	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	n tamiliar with, and accept the oulig			,	_	استصاحة سلنن	
SIGNATURE .		Ω,Ω	lleado I	uv	$et_{i}et_{i}et_{i}$	So 4/29/98	
	Signature Typed or printed the of registered at OFFICERS, AN	O DIRECTORS	(NOTE: Hogistor		ent signature	a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD			TITLE		Change Addition	
NAME	VELAZQUEZ, WILFREDO LUI			NAME	'		
STREET ADDRESS	1607 PONCE DE LEON BLVI				t address		
CITY-ST-ZIP	CORAL GABLES FL 33134	J OIL 101	4		ST-ZIP		
TITLE	STD			TITLE	21 231	Change Addition	
NAME	VELAZQUEZ, DIANA		2.2	NAME	'		
STREET ADDRESS	1607 PONCE DE LEON BLVI	D STE 101	2.3	STREE	T ADDRESS		
CITY-SI-ZIP	CORAL GABLES FL 33134	J J 10 1			S1 - Z(P		
TITLE			A. Baret	TITLE		Change Addition	
NAME			32	NAME	l		
STREET ADDRESS			3.3	STREE	T ADDRESS		
CITY-ST-ZIP			3.4.	CITY-	ST-ZIP		
TITLE		1	DELETE 4.1	FITLE		Change Addition	
NAME			4. 2	NAME			
STREET ADDRESS			4.3	STREE	1 ADDRESS		
CITY-ST-ZIP			4.4	CITY-S	ST-ZIP		
TITLE		C	DELETE 5.1	TITLE		Change Addition	
NAME (52	NAME	ı		
STREET ADDRESS			5.3	STREE	T ADDRESS		
CITY-ST-ZIP				CITY-S	\$1-ZIP		
TITLE		□ 0	DELETE 6.1	IITLE		☐ Change ☐ Addition	
NAME			6.2	NAME			
STREET ADDRESS			63	STREET	T ADDRESS		
CITY-ST-ZIP		 			ST - ZIP		
indicated officer or o	on this annual report or supplement	tal annual report is true peiver or trustee empo	e and accurate a wered to execute	nd th	nat my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in	

- This Veloconez

4/29/98

(305)774-6882