

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000022385 (4)

1. Corporation Name  
THE NV GROUP, INC.



Principal Place of Business

Mailing Address

10050 S.W. 106TH AVENUE #A  
MIAMI FL 33157

10050 S.W. 106TH AVENUE #A  
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1935B SW 106 AVE

26 1935B SW 106 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #A

27 #A

City & State

City & State

23 MIAMI - FL.

28 MIAMI - FL.

Zip

Zip

24 33157

25 US

29 33157

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILAOMAT, NINA  
10350 S.W. 106TH AVENUE #A  
MIAMI FL 33157

81 Name

J. F. VILAOMAT

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

1935B SW 106 AVE #A

83

84 City

MIAMI

FL

85 Zip Code

33157

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 or printed name of registered agent and title if applicable

J. F. VILAOMAT P/D

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME VILAOMAT, NINA  
STREET ADDRESS 10350 S.W. 106TH AVENUE #A  
CITY-ST-ZIP MIAMI FL 33157

1.2 NAME J. F. VILAOMAT  
1.3 STREET ADDRESS 1935B SW 106 AVE #A  
1.4 CITY-ST-ZIP MIAMI - FL. 33157

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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: J. F. VILAOMAT P/D 4/29/98 (305) 251-1889

CR2E034 (10/97)