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

SIGNATURE:

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FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra P. Mortham 97 AUG -8 AH 10: 49 ANNUAL REPORT ' Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA AV INVESTMENTS, INC. Principal Place of Business Mailing Address 19202 SW 99 Ave 191AM, FL 33157 3a. Date of Last Report 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business Applied For SAME 19202 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 any 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 appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with any or such as the HNOREW - PRESIDENT YIEIRA SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 200002265932--8 -08/13/97--01079--009 TOTLE DELETÉ 1.1 TITLE MesiDeNT 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 1.4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 THILE TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TOUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change \_\_\_ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CHTY-ST-ZIP 14. Ido 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 charged, or on an attachment with an address.