

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

FILED

Sep 29 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 # P96000032654
1. Corporation Name
IMPROVEN, INC.

Principal Place of Business Mailing Address
9375 FOUNTAINE BLEAU BLVD
L112, MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 8169 NW 74 AVE 26 8169 NW 74 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MEDLEY, FL 28 MEDLEY, FL
Zip Country Zip Country
24 33166 25 USA 29 33166 30 USA

3. Date Incorporated or Qualified
06/20/1996
4. FEI Number
65-0684183
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMA, ANGELA A.
9375 FOUNTAINE BLEAU BLVD, L112
MIAMI, FL 33172

81 Name PALMA, ANGELA A.
82 Street Address (P.O. Box Number is Not Acceptable)
20005 NE 3CT APT. # 8
83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33179

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, by the registered name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

PALMA, ANGELA A. SP 08/31/98

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME DP
STREET ADDRESS PALMA, ANGELA A.
CITY-ST-ZIP 9375 FOUNTAINE BLEAU BLVD, L112
MIAMI, FL 33172
TITLE ☐ DELETE
NAME DV
STREET ADDRESS MUNOZ, YELITZA A.
CITY-ST-ZIP 9375 FOUNTAINE BLEAU BLVD, L112
MIAMI, FL 33172
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DP
1.3 STREET ADDRESS PALMA, ANGELA A.
1.4 CITY-ST-ZIP 20005 NE 3CT, APT # 8
N. MIAMI BEACH, FL 33179
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DV
2.3 STREET ADDRESS MUNOZ, YELITZA A.
2.4 CITY-ST-ZIP 20005 NE 3CT, APT # 8
N. MIAMI BEACH, FL 33179
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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.

CR2E034 (10/97)