

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90101 012 ***150.00

0178820

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000054089

1. Corporation Name
I.V.C., INC.



Principal Place of Business

2874 NW 79TH AVE
 MIAMI FL 33122
 US

Mailing Address

2874 NW 79TH AVE
 MIAMI FL 33122
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2441 NW 93RD AVE**

Suite, Apt. #, etc.
 22 **# 107B**

City & State
 23 **MIAMI, FL**

Zip Country
 24 **33172** 25 **USA**

2a. Mailing Address

26 **2441 NW 93RD AVE**

Suite, Apt. #, etc.
 27 **# 107B**

City & State
 28 **MIAMI, FL**

Zip Country
 29 **33172** 30 **USA**

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number
65-0679646

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

L & I GALLO
7220 NW 36 STREET #643
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name **FLORENCIO ROS**
 82 Street Address (P.O. Box Number is Not Acceptable)
2441 NW 93RD AVE
 83 **# 107B**
 84 City **MIAMI** 85 State **FL** 86 Zip Code **33172**

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

AGENT

2/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
 NAME **CARRILLO, HERNANDO**
 STREET ADDRESS **2874 NW 79TH AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **V** DELETE
 NAME **ROS, FLORENCIO**
 STREET ADDRESS **2874 NW 79TH AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

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 **PRESIDENT** Change Addition
 1.2 NAME **ROS, FLORENCIO**
 1.3 STREET ADDRESS **2441 NW 93RD AVE # 107B**
 1.4 CITY-ST-ZIP **MIAMI, FL 33172**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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)(f), 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, with all other like empowered.

SIGNATURE:

REQUIRE PRESIDENT

2/24/99

305-592-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)