

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

FILED

May 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000055052 (0)

1. Corporation Name  
M.O.V., INC.

Principal Place of Business

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131-2847

3. Date Incorporated or Qualified 06/28/1996  
3a. Date of Last Report

2. Principal Place of Business

21 12039 SW 39 Ter.  
Suite, Apt. #, etc.

22 City & State  
Miami, FL

23 Zip 33175 Country USA

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

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]*

(NOTE: Registered Agent signature required when reinstating)

04/04/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	VAZQUEZ, MANUEL O	
STREET ADDRESS	1328 S.W. 17TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	DELETE
NAME	VAZQUEZ, ORLANDO	
STREET ADDRESS	12515 S.W. 33RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	DELETE
NAME	VAZQUEZ, ALINA	
STREET ADDRESS	12039 S.W. 39TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 do 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 and changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 887-0257  
Date Daytime Phone #

CR2E034 (9/96)