

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

FILED
Mar 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
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DOCUMENT # P96000055052
1. Corporation Name
M. O. V. INC.

Principal Place of Business
12039 SW 39 TER
MIAMI, FL. 33175

Mailing Address
12039 SW 39 TER.
MIAMI, FL. 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANUEL O. VAZQUEZ 1328 SW 17 ST MIAMI, FL. 33145				81 Name MANUEL O. VAZQUEZ			
				82 Street Address (P.O. Box Number is Not Acceptable) 1328 SW 17 ST			
				83			
				84 City MIAMI			
				FL 85 Zip Code 33145			

11. Pursuant to the provisions of Sections 607.0532 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  MANUEL O. VAZQUEZ 02/20/98
(NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11 TITLE PRESIDENT				11 TITLE			
NAME MANUEL O. VAZQUEZ				12 NAME			
STREET ADDRESS 1328 SW 17 ST				13 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33145				14 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21 TITLE SECRETARY				21 TITLE			
NAME ORLANDO VAZQUEZ				22 NAME			
STREET ADDRESS 1215 SW 33 ST				23 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33175				24 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
31 TITLE TREASURER				31 TITLE			
NAME ALINA VAZQUEZ				32 NAME			
STREET ADDRESS 12039 SW 39 TER				33 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33175				34 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
41 TITLE				41 TITLE			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
51 TITLE				51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
61 TITLE				61 TITLE			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 in an attachment with an address.

SIGNATURE:  MANUEL O. VAZQUEZ 02/20/98 305-409-9911

CR2E034 (10/97)