FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 MAR 13 PM 2:30

DOCUMENT # P96000078617 (3)

1. Corporation Name
THE A.V.S. GROUP, INC.

Principal Place of Business	Mailing Address
KEYSTONE EXECUTIVE PLAZA. SUITE 450 ~~12555~~ BISCAYNE BLVD. MIAMI FL 33181	KEYSTONE EXECUTIVE PLAZA. SUITE 450 ~~12555~~ BISCAYNE BLVD. MIAMI FL 33181

KEYSTONE EXECUTIVE PLAZA

2. Principal Place of Business	2a. Mailing Address
21 12555 BISCAYNE BLVD	26 12555 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 SUITE 450	Suite, Apt. #, etc. 27 SUITE 450
City & State 23 MIAMI FL.	City & State 28 MIAMI FLA
Zip 24 33181 Country 25 U.S.A.	Zip 29 33181 Country 30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/23/1996	

4. FEI Number 65-0699729 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283	81 Name: Capital Connection, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St. Ste 1 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Weimar Lopez Registered Agent Coordinator for Capital Connection DATE: 3/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AMYLEE FIORILLO		1.2 NAME		
STREET ADDRESS	1401 N. ST. RD. #7 SUITE 330		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FLA 33063-2493		1.4 CITY-ST-ZIP		
TITLE	SECRETARY / TREASURER	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VINCENT FIORILLO		2.2 NAME		
STREET ADDRESS	1401 N. ST. RD. #7 SUITE 330		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FLA. 33063-2493		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: ☒ [signature] 3/14/97 (954) 345-7510