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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90055 028 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000013976

1. Corporation Name

AV CONNECTIONS CORP.

Principal Place of Business

3889 SW 142 AVE
MIAMI FL 33175

Mailing Address

3889 SW 142 AVE
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

65-0732229

☒ 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

2. Principal Place of Business

21 4212 LAGUNA ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

City & State

23 CORAL GABLES FL

Zip Country

24 33146 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

MORENO, PEDRO
3889 SW 142 AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name PEDRO MORENO
82 Street Address (P.O. Box Number is Not Acceptable)
7365 SW 31 ST
83
84 City MIAMI FL 85 Zip Code 33155

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

(NOTE: Registered Agent signature required when reinstating)

4/5/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MORENO, PEDRO
STREET ADDRESS 3889 S W 142ND AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE VD ☐ DELETE

NAME ENSENAT, OSCAR
STREET ADDRESS 4850 S W 6TH STREET
CITY-ST-ZIP MIAMI FL 33134

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 P MORENO, PEDRO
1.3 STREET ADDRESS 7365 SW 31ST
1.4 CITY-ST-ZIP MIAMI, FL 33155

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)(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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 305-710 9325
Date Daytime Phone #

CR2E034 (11/98)