Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90112 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000023779

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

R.V. PRO	DUCTIONS INC. OF FLOR	IDA							
Principal Place	of Business	Mailing Address			_	1	i (Bilisar iin initi insii noiir naitt noiir d	Yr ib er ibibio trous d ob er d	9319 ISII ISBI
4216 W. 16 AVE. HIALEAH FL 33012 HIALEAH FL 33012									
							DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualifed 03/17/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. 1	El Number	Apr	lied For
21		26			(65-0735711	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 5	Certificate of Status Desired		dditional	
22		27					Fee Rec	quired	
City & State	9	City & State			- 1	Election Campaign Financing	\$5.00		
23		28				Frust Fund Contribution	Added to	Fees	
Zip	Country	Zip	_	ıntry			This corporation owes the current year		_No .
24	25	29	30	ı			Personal Property Tax. Name and Address of New Registers		LINO
	9. Name and Address of Currer	it Registered Agent	_	81	Name	10.	Raille alic Address of Rew Registers	- Agent	
Berenguer, Robert							<u></u>		
4216 W. 16 AVE.				82	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33012				83					
				84	City		F	85 Zip C	ode
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was tions of, Section 607.0505, F	authorize Iorida Stat	d by cutes	the cornoratio	on's Doa	submits this statement for the purpose and of directors. I hereby accept the appart of directors. DATE	ointment as reg	jistered
12.		ID DIRECTORS	13.			Α	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 T	TLE				☐ Change	Addition
NAME	Berenguer, Robert			1.2 NAME					
STREET ADDRESS	20405 SW 117 CT.			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33117			1.4 CITY-ST-ZIP					
TITLE	DST	DELETE 2.11		2.1 TITLE				Change	Addition
NAME	BERENGUER, BLANCA L	2.2		2.2 NAME					Į
STREET ADDRESS	20405 SW 117 CT.		238	TREET	T ADDRESS				_ · · -
CITY-ST-ZIP_	MIAMI FL 33117			2. 4 CITY-ST-ZIP					
TITLE	· 	☐ DELETE 3.1		TITLE				Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			33S	TREET	TADDRESS		•		Ì
CITY-ST-ZIP				4. CITY-ST-ZIP					
TITLE	☐ DELETE			1.1 TITLE				☐ Change	☐ Addition
NAME				AME				•	
STREET ADDRESS			4.3 S	TREET	TADDRESS				
CITY-ST-ZIP			_	ITY-S	T-ZIP			Chan	Part Addition
TITLE		☐ DELETE	5.1 T					. Change	Addition
NAME			5.2 N	AME					1

6.4 CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

☐ Change

Addition