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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025764

1. Corporation Name

L.V. IMPORTS, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90019 012 ***150.00



								(
Principal Place of Business Mailing Address					* INDEXINATE UNIT CONTENT CONTENT	iffi Masic Anifa Hait Hait at			
3304 N.E. 15TH COURT 2805 E OAKLAND PARK BLVE FORT LAUDERDALE FL 33304 FT LAUDERDALE FL 33306					DO NOT WRI	TE IN THIS SPAC	Έ		
					3. Date Incorporated or Qualifed 03/21/1997	•			
Principal Place of Business 2a. Mailing Address					4, FEI Number	4. FEI Number A		lied For	
21 2805 E. Oakland Pk. Blyd 26					65-0760459		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				,	5. Certifcate of Status Desired		.75 A	dditional juired	
City & State City & State City & State 28				<u>-</u>	6. Election Campaign Financing Trust Fund Contribution	A			
Zip	Country	Zip	Country	,	8. This corporation owes the curr	·			
24	306 25 USA	29 30	<u> </u>		Personal Property Tax.	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent					10. Name and Address of New I	Registered Agent			
VIGIL, LEO 2805 E OAKLAND PARK BLVD SUITE 372 FORT LAUDERDALE FL 33306				Name		•			
					ress (P.O. Box Number is Not Acceptable)				
			84	'		FL 85	Zip Co		
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: Regis				nt signature re	equired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF				
TITLE	P	☐ DELETE	1.1 TITLE			Пс	hange	Addition	
NAME	LEO VIGIL			1					
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP				T-ZIP					
TITLE	☐ DELETE 2.1T			}			hange	Addition	
NAME	2.2 N		2.2 NAME					}	
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TITLE		☐ DELETE	5.1 TITLE)			nange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS		\sim		TADORESS					
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TITLE		□ QELEXE	6.1 TITLE			□C	nange	☐ Addition	
NAME	. ^	1/	6.2 NAME					f	
STREET ADDRESS	·	X	•	T AOORESS				}	
CITY-ST-ZIP			6.4 CITY-S	T-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 furthe certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation of the veceiver or yystee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE REQUIRED ME OF SIGNING OFFICER OR DIRECTOR