

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

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000049337 (3)**  
 1. Corporation Name  
**PRODUCT INNOVATION VALUE, INC.**



Principal Place of Business <b>933 LEE RD., STE. 402 ORLANDO FL 32810</b>	Mailing Address <b>933 LEE RD., STE. 402 ORLANDO FL 32810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7561 Currency drive</b> Suite, Apt. #, etc. 22 <b>Suite 7561</b> City & State 23 <b>Orlando FL</b> Zip 24 <b>32809</b> 25 Country		2a. Mailing Address 26 <b>7561 Currency drive</b> Suite, Apt. #, etc. 27 <b>Suite 7561</b> City & State 28 <b>Orlando FL</b> Zip 29 <b>32809</b> 30 Country		3. Date Incorporated or Qualified <b>06/03/1997</b>	4. FEI Number <b>59-3463684</b> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 <b>HENIN, JEROME L 933 LEE RD., STE. 402 ORLANDO FL 32810</b>				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code <b>FL</b>	

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: *Jerome Henin* **Jerome HENIN** **March 3 1998**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUBLI, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 617, PHILIPSBURG, SINT MAARTEN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NETHERLANDS ANTILLES</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUBLI, CARINE</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 617, PHILIPSBURG, SINT MAARTEN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NETHERLANDS ANTILLES</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement thereto 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: *Jerome Henin* **Jerome HENIN** **March 3 1998** **407 628 1443**

CR2E034 (10/97)