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

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Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P97000055811 (8)

1. Corporation Name
~~TUVALVEX INTERNATIONAL, INC~~
PVF INTERNATIONAL, INC.

Principal Place of Business
ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131

Mailing Address
ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1997
4. FEI Number: 65-0769062 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1701 S.W. 2nd Avenue	26 1110 Brickell Avenue
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 7th floor
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33129 Country 25 USA	Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Alan W. Levine, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue
83 7th floor
84 City: Miami FL 85 Zip Code: 33131

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], ALAN W. LEVINE   DATE 1/27/98
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	D	☐ DELETE	1.1 TITLE	XX Change ☐ Addition
NAME	REINA, NANCY		1.2 NAME	
STREET ADDRESS	701 BRICKELL AVE. SUITE 2050		1.3 STREET ADDRESS	1701 S.W. 2nd Avenue
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	REINA, GUILLERMO		2.2 NAME	
STREET ADDRESS	701 BRICKELL AVE. SUITE 2050		2.3 STREET ADDRESS	1701 S.W. 2nd Avenue
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Miami, FL 33129
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 (10/97)

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.

SIGNATURE: [signature] GUILLERMO REINA 1-30-98 (305) 372-1350