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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700062359 (9)

CAR VA	ALUE USA, INC.			- 1 Bandar XID Done Bank adrin aring bank ading a	
5 1 4 5	<u> </u>	A Lattica - A alaba - a a			
Principal Place of Business Mailing Address					
17330 SOUTH DIXIE HIGHWAY 17330 SOUTH DIXIE HIGHWAY MIAMI FL 33157 MIAMI FL 33157			WAY		
MIMMI PE 331.	51	MIAMITE SSISE		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				07/18/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]			Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 7in	Country	7ip	Country	This corporation owes or has paid the corporation of the corporat	
Zip	25		30	Personal Property Tax due June 30.	Yes No
24	9, Name and Address of Curren	I = 7.1	30	10. Name and Address of New Registers	
AM	ERILAWYER CHARTERED		81 Name		=
14.12.11.2.11.2.11.2.11.2.11.2.11.2.11.				PETER I NIXON	
CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable)	Wan
00	THE CABLES IE SS 104		83		
			<u> </u>		
			84 City M.A	F	85 Zip Code
11. Pursuant	to the provisions of Sect-ons 607.050.	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Horida, Such change was a	uthorized by the corporal	ooralion submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
î	in jamiliai with and accept in o borga	allouis di, deciliur doz.0303/10	The J. Nixol	14 - 7	4- 00
SIGNATURE	Signature typed or printed receipt Circle to agg	pland tomic appleable (NOTE	Flogistered Agent's gnature requi	red when reinstating) DATE	- 10
12.	O FICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	☐ D€LETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NIXON, PETER J		1.2 NAME		
STREET ADDRESS	17330 SOUTH DIXIE HIGHWA	ıY	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CHY-ST-ZIP		
TITLE	S VD	☐ DELETE	21 TITLE		Change Addition
NAME	NIXON, FAY E		2.2 NAME		
STREET ADDRESS	17330 SOUTH DIXIE HIGHWA	١Y	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY · ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		L_J DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		Observe T Addition
TIFLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY - SY - ZIP		Change Laddy
TITLE		☐ DEŧ ETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
	1		■		

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 a platfacting of the corporation of the cor

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1 20 10 (205) 22- ---