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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90062 014 ***150.00

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DOCUMENT #	P97000094079

1. Corporation Name

1. Corporation								- 1						
FMVP EN	nterpris	ES, INC												
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- Principal Place	e of Business	~~··	_ Ma	ailing Address	S ~ -	ست ۔						-		
1050 NW LEJEUNE ROAD 1050 NW LEJEUNE ROAD MIAMI FL 33126 MIAMI FL 33126														
MINIMAL I E SOLEC	•		1914)						DO	NOT WRITE	IN THIS	SPACE		
<u> </u>	<u> </u>	<u></u>							_3. Date Incorporated or	Qualifed				
_									10/28/1997					
2. Principal Pl	lace of Busin	ess	2a.	Mailing Add	ress	>:	-		4. FEI Number				pplied For	_
21			26		_]	65-0793007				ot Applicab	le
Suite, Apt.	#, etc.		27	Suite, Apt. #	ŧ, etc.				5. Certifcate of Status I	Desired (コ		Additional equired	
City & State	te			City & State					6. Election Campaign F	inancing ,	7	\$5.00	May Be	
23			28			•			Trust Fund Contribut	ion			to Fees	
Zip		Country		Zip		Country	у		8. This corporation owe	s the current	t year Inta		_	
24		25	29		3	30			Personal Property Ta			Yes	□No	
	9. Name	and Address of Cur	rrent Regis	tered Agent					10. Name and Address	of New Reg	jistered A	\gent		\dashv
2010	SOL A EEDD	EIDO ID				81	Name	2:0	uel A. Fer	rein	مرس (-,		
1	26L A FERR					82	Street	Addres	is (P.O. Box Number is N	ot Acceptable	e)			
1) NW 42 AV							50	NW 421	gre_				_
MIAN	MI FL 33133	•				83	3							
<u>{</u>						84	City				FL		Code 5126	
11 Pursuant	to the provisi	ons of Sections 607	0502 and 6	07 1508 Flor	rida Statutes	s, the abov	o-named	corpor	ation submits this stateme	ent for the pu	rnose of o	changing its	s registered	
office or re	rogietorod age	ent, or both, in the St h, and accept the ob	ate of Florid	da. Such char	nae was aut	monzed by	the corpo	oration'	's board of directors. I her	eby accept t	he appoin	tment as re	egistered	
, -	ım tarnılar wil	n, and accept the ob	ngalions of	, Secilon dor.	. COCO, I IOIIC									
	./					-				X				
SIGNATURE	Signature, typed	or printed name of registered	s agent and title	if applicable.	(NOTE: F	-		required w	hen reinstating)	X	DATE	<u>.</u>		
SIGNATURE	Signature, typed	or printed name of registered			(NOTE: F	-		required w	then reinstating) ADDITIONS/CHANGE					
	Signature, typed	OFFICERS		CTORS	(NOTE: F	Registered Age		required w				D DIRECTO		ion 3
12.	Signature, typed	OFFICERS		CTORS		Registered Age	ent signature r	required w						ion 3
12.	D FERREIRO	OFFICERS		CTORS		13. 1.1 TITLE	ent signature r	required w						ion 3
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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 coporation 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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

(305) 446 - 4500 Daytime Phone #