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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90160 007 ***150.00

DOCUMENT # P98000019476

JV INTERAMERICAN GROUP, INC.

	·						
Principal Place	e of Business	Mailing Address			1 100 510 6) 145 50 181 1911 5 50 11 05 511 031	146 00 400 01000 4000 0000 0000	
2864 NW 55 AVENUE		2864 NW 55 AVENUE					
STE 1C		STE 1C					
LAUDERHILL FL 33313		LAUDERHILL FL 33313			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/02/1998	1 1	B
2. Principal Pl	ace of Business	2a. Mailing Address	C2 1	CF	4. FEI Number 0815762	App	lied For
21	H -4-	26 4 200 N,W	· > 7m	8/	00 001970		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
22		City & State			6 Floring Constitution		
City & State	•		PL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	•
Zip	Country	28 Jana CAZ	Country		This corporation owes the current y		
	25	_ <u> </u>	10		Personal Property Tax.		□No
24	9. Name and Address of Curre		····		10. Name and Address of New Regis	tered Agent	
			81	Name			
AME	RILAWYER				(B.C. Barakira)		
343 ALMERIA AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		83				
			84	City		FI 85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statutes	the above-r	named corpo	oration submits this statement for the purp	ose of changing its r	egistered
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by th	ie corporatio	n's board of directors. I hereby accept the	appointment as regi	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0303, Florid	ia Statutes.				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: R	legistered Agent si	ignature required	when reinstating) D	ATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS.IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		***	€hange	☐ Addition
NAME	CALLIRGOS, JUDITH O		12 NAME		112- 114 12-11	5	
STREET ADDRESS	2864 NW 55 AVE, STE 1C		1.3 STREET AL	DDRESS	4300 N.W. 53M	· · · · ·	
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-ST-Z	ZIP	TAMALIE, FL	33719	
TITLE	VSTD	☐ DELETE	2.1 TITLE		/	Change	Addition
NAME	CALLIRGOS, VICENTE J		2.2 NAME				
STREET ADDRESS	2864 NW 55 AVE, STE 1C				16- 416-3	1.00	
CITY-ST-ZIP			2.3 STREET AL	DDRESS	4300 N.W. 53.	d A	
	LAUDERHILL FL 33313		2.3 STREET AL	DDRESS ZIP	4300 N.W. 53.	nd ST- 33319	
TITLE	LAUDERHILL FL 33313	☐ DELETE		DDRESS ZIP	4300 N.W. 53.	-d 97- 333/9 	☐ Addition
NAME	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-	DDRESS ZIP	4300 N.W. 53.	d \$7- 333/9 □Change	Addition
	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-		4300 N.W. 53.	-d \$7 - 333/9 □Change	Addition
NAME	LAUDERHILL FL 33313	□ DELETE	2.4 CITY-ST-3 3.1 TITLE 3.2 NAME	DDRESS	4300 N.W. 53.	-d \$7 - 333/9 □Change	Addition
NAME STREET ADDRESS	LAUDERHILL FL 33313	☐ DELETE	2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET AL	DDRESS	4300 N.W. 53. KAMARM, R	333/9 Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33313		2. 4 CITY-ST-2 3.1 TITLE 3 2 NAME 3.3 STREET AL 3.4 CITY-ST-2	DDRESS	4300 NOW-53-	-d 97- 333/9 □Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAUDERHILL FL 33313		2. 4 CITY-ST-; 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-; 4.1 TITLE	DDRESS ZIP	4300 N.W. 53.	-d 97- 333/9 □Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAUDERHILL FL 33313		2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-2 4.1 TITLE 4.2 NAME	DORESS ZIP	4300 N.W. 53. KAMARM, R	-d 97- 333/9 □Change	Addition
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	LAUDERHILL FL 33313		2.4 CITY-ST-2 3.1 TITLE 32 NAME 3.3 STREET AI 34. CITY-ST-2 4.1 TITLE 4.2 NAME 4.3 STREET AI	DORESS ZIP	4300 N.W. 53.	-d 97- 333/9 □Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-; 3.1 TITLE 32 NAME 3.3 STREET AI 3.4 CITY-ST-; 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-;	DORESS ZIP	4300 N.W. 53.	d 97- 333/9 □Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-; 3.1 TITLE 32 NAME 3.3 STREET AI 3.4. CITY-ST-; 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-Z 5.1 TITLE	DDRESS ZIP DDRESS ZIP	4300 N.W. 53.	d 97- 333/9 □Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-; 3.1 TITLE 32 NAME 3.3 STREET AI 3.4 CITY-ST-; 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-; 5.1 TITLE 5.2 NAME	DDRESS ZIP DDRESS ZIP DDRESS	4300 N.W. 53. NAMARM, A	d 97- 333/9 □Change	Addition
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-; 3.1 TITLE 32 NAME 33 STREET AI 34. CITY-ST-; 4.1 TITLE 4.2 NAME 4.3 STREET AI 44 CITY-ST-; 5.1 TITLE 52 NAME 5.3 STREET AI	DDRESS ZIP DDRESS ZIP DDRESS	4300 N.W. 53.	d 97- 333/9 □Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33313	☐ DELETE	2. 4 CITY-ST-; 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4. CITY-ST-; 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-; 5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST-; 5.4 CITY-ST-; 5.7 CITY-ST-; 5.7 CITY-ST-; 5.7 CITY-ST-; 5.7 CITY-ST-; 5.8 CITY-ST-; 5.9 CITY-ST-; 5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST-; 5.7 CITY-ST-; 5.7 CITY-ST-; 5.9 CITY-ST-; 5.1 CITY-ST-; 5.1 CITY-ST-; 5.2 CITY-ST-; 5.3 CITY-ST-; 5.3 CITY-ST-; 5.4 CITY-ST-; 5.5 CITY-ST-; 5.7 CITY	DDRESS ZIP DDRESS ZIP DDRESS	4300 N.W. 53.	333/9 Change	Addition

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 suppliemental 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR