06-09-1999 90020 022 ** 150.00

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
99 JUL -6 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025078

1. Corporation Name
B.V. GROUP & ASSOCIATES, INC
3617 CROWN POINT RD. #4
JACKSONVILLE, FL 32257

Principal Place of Business / Mailing Address
3617 CROWN POINT RD. #4
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/98

2. Principal Place of Business	2a. Mailing Address
21	26 3617 CROWN PT. RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE #4
City & State 23	City & State 28 JAX., FL
Zip 24 / Country 25	Zip 29 32257 / Country 30

4. FEI Number: 59-3499267 ☐ 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 the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEREDITH ALLEN HERNANDEZ
3617 CROWN POINT RD. #4
JACKSONVILLE, FL 32257

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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: Meredith Allen Hernandez DATE: 7/15/99
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Shirley Valbuena SD P.O. Box 24668 Jacksonville, FL 32241 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Guillermo Valbuena PD P.O. Box 24668 Jacksonville, FL 32241 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Julian Valbuena VP P.O. Box 24668 Jacksonville, FL 32241 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TS

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, with all other like empowered.

SIGNATURE: JULIAN VALBUENA 904-288-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

2

ITER SELECTION AND CR:

)/26/99 CORPORATE DETAIL RECORD SCREEN 3:30 PM
)M: P98000025678 ST:FL ACTIVE/FL PROFIT FILD: 03/19/1998
)ME : B.V. GROUP & ASSOCIATES, INC.
(INCIPAL: 5943 ARLINGTON ROAD NORTH
)DRESS JACKSONVILLE, FL 32211
) NAME : AMERILAWYER
) ADDR : 343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US
)N REP : * NONE FILED *

5/26/99 OFFICER/DIRECTOR DETAIL SCREEN 3:31 PM
)RP NUMBER: P98000025678 CORP NAME: B.V. GROUP & ASSOCIATES, INC.
TLE: PD NAME: VALBUENA, GUILLERMO
5943 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211
TLE: VTD NAME: VALBUENA, JULIAN
5943 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211
TLE: SD NAME: VALBUENA, SHIRLEY
5943 ARLINGTON ROAD NORTH
JACKSONVILLE, FL 32211