PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038178

1. Corporation Name

AV SALES IMPORT EXPORT, INC.

Principal Place of Business	Principal	Place of	Business
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Mailing Address

11100 COUTLIMEST 107TH STDEET #211

11100 CONTINUEST 107TH STORET #211

May 04, 1999 8:00 am Secretary of State

05-04-1999 90207 004 ***150.00



MIAMI FL 33176)	MIAMI FL 33176									
						-	DO NOT WRIT	E IN THIS	SPACE		
						ì	3. Date Incorporated or Qualifed				
		1					04/28/1998 4. FEI Number				
<u> </u>	pal Place of Business 2a. Mailing Address					}			<u> </u>	pplied For	
21		26					65-0845036			lot Applicable	
Suite, Apt.:	#, etc.	├ ─¬	uite, Apt. #, etc.			}	5. Certifcate of Status Desired			Additional Required	
22		27	itu 9 Ctata	<u>-</u>						 _	
City & State	9	⊢- -	ity & State			\	6. Election Campaign Financing Trust Fund Contribution			May Be	
23 Zip	Country	28 Zi	n	Country	,			ent year lets		101003	
 ,	25	29		30			8. This corporation owes the current year Intangible Personal Property Tax.				
24]	9. Name and Address of Cur			- T			10. Name and Address of New R	egistered /			
				81	Nar						
VELE	Z, VERONICA			_							
1118	o southwest 107th Stree	T #211		82	Stre	eet Address	ddress (P.O. Box Number is Not Acceptable)				
MIAN	N FL 33176			83	 						
				<u> </u>							
				84	City	1		FL	85 Zip	Code	
44 Pursuant t	to the provisions of Sections 607 (1502 and 607	1508. Florida Statutes	the above	<u> </u> e-nam	ned corpora	tion submits this statement for the	purpose of	changing it	s registered	
office or re	edistered agent or both in the Sta	ate of Florida	Such change was aut	horized by	the co	orporation's	s board of directors. I hereby accep	t the appoir	iment as r	egistered	
agent. I ar	m familiar with, and accept the obl	igations or, Se	ection 607.0505, Fioric	a Statutes							
SIGNATURE	Signature, typed or printed name of registered	agent and title if an	plicable (NOTE: R	Registered Age	nt signat	ture required wh	nen reinstating)	DATE			
		AND DIRECT		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12	
TITLE	PD	<u> </u>	☐ DELETE	1.1 TITLE	-				Change		
NAME	VELEZ, VERONICA			1.2 NAME							
STREET ADDRESS	11180 SOUTHWEST 107TH	STREET #2	11 -	1.3 STREE	T ADDRE	ESS					
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-S							
TITLE	VD		☐ DELETE	2.1 TITLE	-				☐ Change	☐ Addition	
NAME	VELEZ, ANGEL			2.2 NAME							
STREET ADDRESS	AAAAA AAATTI ATTI ATTI ATTI ATTI ATTI			2.3 STREET	T ADDRE	ESS					
CITY-ST-ZIP	MIAMI FL 33176	•		2, 4 CITY-5	ST-ZIP						
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME		ì				'	
STREET ADDRESS				3.3 STREE	T ADDRE	ESS				1	
CITY-ST-ZIP				3.4. CITY-S						_	
TITLE			☐ DELETE	4.1 TITLE					Change	Addition	
NAME				4, 2 NAME		1	•				
STREET ADDRESS	,			4.3 STREET	T ADDRE	ESS				1	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	- 1					
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME		{					
STREET ADDRESS				5.3 STREE	TADORE	ESS				•	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	- (
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME (6.2 NAME		[
STREET ADDRESS				6.3 STREET	TADDRE	ESS					
CITY-ST-ZIP				6.4 CITY-S	T-ZIP						

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LRIPRE VERMICAEVELEZ