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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90252 039 ***150.00

DOCUMENT # P98000041885

PASVI CORP.

Principal Place of Business Mailing Address STE 819 STE 81													
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Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year intengible Persor all Property Tax. Yes No Yes	23 MIAM	I BEACH FLORIDA	28	MIAMI BEAC	H F	LO:	RIDA					Added	tc Fees
9. Name and Address of Current Registered Agent 9. Name and Address of New Register d Agent BALBUDO, JORGE LUIS 22:71 COLLINS AVE STE B319 MIAMI BEACH FL 33139 18. SUITE # 6 K 84 City MIAMI BEACH FL 6 K 84 City MIAMI BEACH FL 85 Zig S140 11. Pursuent to the provisions of Sirctions 607.0502 and 607.1508, Florida Statutes, the above-named or rporation submis is 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 apt ciniment as registered gagent, or both, in the State of Florida, Such change was submissed by the corporation's board of directors. I hereby accept the apt ciniment as 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 apt ciniment as registered office or registered agent prices. Thereby accept the apt ciniment as 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 apt ciniment as 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 apt ciniment as 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 apt ciniment as 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 apt ciniment as registered office or registered agent, or both and accept the obligations of Such and a		Cour try	1	Zip	Cou	ıntry		-	8. This corporation	n owes the cu	irrent year in	tangible	
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CITY-ST-ZIP 14. I heret y certify that the informal ion supplied with this fiting 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 changer, or an an attact ment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

DELETE

☐ DELETE

305-667-7698

Change

Change

☐ Addition

☐ Addition