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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90252 039 \*\*\*150.00

**DOCUMENT # P98000041885**

1. Corporation Name

**PASVI CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2371 COLLINS AVE  
STE B319  
MIAMI BEACH FL 33139**

Mailing Address

**2371 COLLINS AVE  
STE B319  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**21 5600 COLLINS AVE.**

2a. Mailing Address

**26 5600 COLLINS AVE.**

Suite, Apt. #, etc.

**22 SUITE # 6 K**

Suite, Apt. #, etc.

**27 SUITE # 6 K**

City & State

**23 MIAMI BEACH FLORIDA**

City & State

**28 MIAMI BEACH FLORIDA**

Zip Country

**24 33140 25 USA**

Zip Country

**29 33140 30 USA**

9. Name and Address of Current Registered Agent

**BALBUDO, JORGE LUIS  
2371 COLLINS AVE  
STE B319  
MIAMI BEACH FL 33139**

81 Name

**BALBUDO, JORGE LUIS**

82 Street Address (P.O. Box Number is Not Acceptable)

**5600 COLLINS AVE**

83

**SUITE # 6 K**

84 City

**MIAMI BEACH**

**FL**

85 Zip Code

**33140**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
VACANTE, PABLO  
SANTE FE 1257, MAR DEL PLATA  
ARGENTINA**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SD  
SALERNO, SUSANA  
SANTE FE 1257, MAR DEL PLATA  
ARGENTINA**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
BALBUDO, JORGE LUIS  
2371 COLLINS AVE, STE B319  
MIAMI BEACH FL 33139**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
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CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-667-7698

CR2E034 (1/98)