

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000064611

1. Corporation Name

P.C.V. ENTERPRISES GROUP CORP.

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90282 029 \*\*\*150.00



Principal Place of Business Mailing Address					- 1 10011001 118 1016 1011 0011 0011 0011	4 MILLI MINIM HEIMI	HIEBN HIBH LIBER	
692 W 29 ST #		692 W 29 ST #9						
HIALEAH FL 33012		HIALEAH FL 33012						
						DO NOT WRITE IN THIS	3 SPACE	
						3. Date Incorporated or Qualifed		İ
						07/22/1998	<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-085/63	Apı	plied For
21		26				62-00-1626		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	1
22		City & City			_		· · · · · · · · · · · · · · · · · · ·	
City & State		City & State				6. Election Campaign Financing	\$5.00 Added to	· · · · · · · · · · · · · · · · · · ·
23		Zip	Cau	intry		Trust Fund Contribution		O rees
Zip	Country		_	iiiu y		This corporation owes the current year In Personal Property Tax.	ltangible ☐ Yes	DNo !
24	9. Name and Address of Current	29 Agent	30	T		10. Name and Address of New Registered		7
	9. Name and Address of Correct	r Registered Agent		81 Na	me	10. Hallie Blid Madrood of the Magrotoles		
AICC	DLINO, JOSE VICTORIO							
	W_42 ST.			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		ì
HIAL	E FL 33012			83				<del></del>
				84 Ci	ty	FI	85 Zip C	Code
		) 1007.4500 Et : (- Ot-t-4	. 41	<u>                                     </u>			f changing its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was at	uthorized	by the	corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as reg	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Stat	utes.				- 1
SIGNATURE						when reinstation) DATE		
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	Registered	Agent sign.	ature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS ANI	DELETE	1.1 TI	n e		ADDITIONS/CHANGES TO CITTOERS A	Change	Addition
TITLE	GONZALEZ, MARIA CRUZ							_
NAME	692 W 29 ST #9		1.2 N					i
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TITLE		☐ Secric					C. onange	
NAME	AICOLINO, JOSE VICTORIO		2.2 N					ļ
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NAME .	****		5.2 N		250			
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NAME			6.2 N					
STREET ADDRESS				TREET ADD	RESS			
CITY_ST_7/P	,		6.4 CI	TY-ST-ZIP	, l			ļ.

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 of supplied ental 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 charges, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE REQUIRED