## 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

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90184 039 \*\*\*158.75

## DOCUMENT # P98000075090

1. Corporation Name

L.V. COMMODITITES INT'L, INC.

Principal Place	e of Business	Mailing A	ddress				-		THE BILL BEILD II	JIN <b>BE</b> N 1991
5981 S.W.~21ST		•	21ST STREET							
HOLLYWOOD F			OD FL 33023							
							DO NOT WRI	re in th <del>is</del>	SPACE	
							3. Date Incorporated or Qualifed 08/27/1998			
2. Principal Pl	lace of Business	2a. Mailin	g Address				4. FEI Number		App	lied For
21		26	_				65-0862498		Not	Applicable
Suite, Apt.	#. etc.		Apt. #, etc.				_ ·	7	\$8.75 A	dditional
22		27					5. Certifcate of Status Desired		Fee Rec	Juired
City & State	e		State				6. Election Campaign Financing		\$5.00 N	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country Zip			Country			8. This corporation owes the curr	ent year Int	angible	
24	25	29	30				Personal Property Tax. Yes No			
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Address of New F	egistered .	Agent	
					81	Name				ì
MITT	Leberg, Barry S					04	(D.O. Day Number in Not Assessed	bla)		
2417 UNIVERSITY DRIVE				ļ	82 Street Address (P.O. Box Number is Not Acceptable)					
COR	AL SPRINGS FL 33065			1	83					
_					$\perp$				<del></del>	
-					84	City		FL	85 Zip C	ode
44 Durawant	to the provisions of Sections 607.05	502 and 607 150	8 Florida Statut		nove	-named comp	ration submits this statement for the	ourpose of	changing its	egistered
office or r	egistered agent, or both, in the Stat	e of Florida. Suc	h change was a	utnorizea	Dy 1	tne corporation	n's board of directors. I hereby accep	t the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Flo	rida Statu	ites.					
SIGNATURE			water	D. Carlot		t signature required	urbon constation)	DATE		<u> </u>
42	Signature, typed or printed name of registered a	Gent and title if applicate	· · · · · · · · · · · · · · · · · · ·	13.	Ayem	signature required	ADDITIONS/CHANGES TO OF		ID DIRECTOR	RS IN 12
12.	PT	THE DIRECTOR	DELETE	1.1 TIT	3 F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
	VORCHEIMER, LEE			1.2 NA					<del></del> -	-
NAME	5981 S.W. 21ST STREET					* ADDDECC	•			
STREET ADDRESS						ADDRESS				1
CITY-ST-ZIP	HOLLYWOOD FL 33023		DELETE	1.4 CIT		T-ZIP			Change	Addition
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NAME	CHAPAS, VICTOR			2.2 NA	MË					
STREET ADDRESS	5981 S.W. 21ST STREET									
CITY-ST-ZIP	HOLLYWOOD FL 33023			2.3 \$T		ADDRESS				
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NAME	11022111000		☐ DELETE	í	REET TY-S				☐ Change	☐ Addition
	THOLETWOOD I'E GOOLG		☐ DELETE	2. 4 Cl	REET TY-S'				☐ Change	Addition
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			☐ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 STI	REET TY-S' LE ME REET TY-S'	T-ZIP  ADDRESS		·	☐ Change	Addition
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14. I hereby certify that the information supplied with this/filling 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 of 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 attack the first of the corporation of the receivery of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Daytime Phone A