

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90098 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085449

1. Corporation Name

AVE MANAGEMENT, INC.

Principal Place of Business

13015 SW 132 AVENUE
MIAMI FL 33186

Mailing Address

13015 SW 132 AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1998

4. FEI Number
65-0876675

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name

PAULA AVELAR ROIZ

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

13015 SW 132 AVENUE

83

84 City

MIAMI**FL**85 Zip Code
33186

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVELAR, ELIAS	
STREET ADDRESS	13015 SW 132 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AVELAR, ELIAS	
1.3 STREET ADDRESS	13015 SW 132 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	

2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AVELAR, CLORINDA	
2.3 STREET ADDRESS	13015 SW 132 AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33186	

3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROIZ, PAULA AVELAR	
3.3 STREET ADDRESS	13015 SW 132 AVENUE	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	

4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUSK, ANA	
4.3 STREET ADDRESS	13015 SW 132 AVENUE	
4.4 CITY-ST-ZIP	MIAMI, FL 33186	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED**PAULA A. ROIZ - TREASURER**

04-06-99

(305)259-9004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)