DOCUMENT # P98000086768 1. Entity Name AVIV HOLDINGS, CORP.						FILED Apr 17, 2000 8:00 am Secretary of State					
Principal Place		Mailing Address				0.	4-17-2000 901	32 018	130.00	,	
8211 WEST BRO PLANTATION FL	DWARD BLVD. STE. 200 . 33324-2726	8211 WEST BROWARD BLVD. STE. 200 PLANTATION FL 33324-2743					v	บย	י ט ט		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE			
City & State		City & State			4. FE	I Number	65-0688723			plied For t Applicable	
Zip	Country	Zip Coun		try	5. Ce	ertificate of	Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Na	ame and Ac	Idress of New Re	gistered A	lgent		
TORCHIN, DAVID 8211 WEST BROWARD BLVD. STE. 200				Street Address	s (P.O. Bo	x Number is	Not Acceptable)			<u> </u>	
PLAN	ITATION FL 33324-2726			City				FL	Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or regis	stered age	nt, or both, i	n the State of Flori	da.			
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature requi	uired when rein	stating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE I After MAY 1, 2000 Fee I Make Check Payable to De				will be \$550.00			on Campaign Final Fund Contribution,	ncing		O May Be to Fees	
11.	OFFICERS AND		12.		ADE	ITIONS/CH	IANGES TO OFFIC	ERS AND		S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	OZIT WEOT BROWNING BETS: O'LL 200								☐ Change	L.J Addition	
TITLE NAME STREET ADDRESS		☐ Delete		E ET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAMI				-		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			- 6	- ST-ZIP							
TITLE NAME STREET ADDRESS		☐ Delete		E Et address					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	7 N S S C C C C C C C C C C C C C C C C C	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all offer like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #											