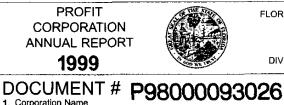
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

M.V.B. PAVERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90017 016 ***158.75

e cannigaet der entag gater kontr antig barri antig entra fotor likki antig likki antig likki antig land.

Principal Place of Business Mailing Address							 	0110 16010 01F1 1001
5820 LAKESIDE DRIVE SUITE 1301 MARGATE FL 33063		5820 LAKESIDE DRIVE SUITE 1301 MARGATE FL 33063				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 11/03/1998		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number 65. 08 4412		Applied For .
21		26				03.00 4710		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional Required
City & State	e	City & State	<u> </u>			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country			8. This corporation owes the current ye	ear Intangible	at .
24	25	29	30			Personal Property Tax.	Yes	ÄN₀
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent		
				81	Name			1
AME			82 Street Address (P.O. Box Number is Not Acceptable)					
	Almeria avenue Al gables fl 33134			83				
				84	City		85 Z	ip Code
					•		FL	·
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 register 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.								its registered registered
SIGNATURE								
	Signature, typed or printed name of registered ager			Agent :	signature required v			
12.		D DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	
TITLE	PSTD	☐ DELETE	1.1 TIT				Onang	ge
NAME	BENEVIDES, MAURO V		1.2 NA					
STREET ADDRESS 5820 LAKESIDE DRIVE					DDRESS			
CITY-ST-ZIP	MARGATE FL 33063	☐ DELETE	1.4 CIT	Y-ST-	ZIP		[7] Chang	ge 🗍 Addition
TITLE								
NAME			2.2 NA		DDD500			ļ
STREET ADDRESS			1		DORESS			ļ
CITY-ST-ZIP	DELETE	_	TY-ST-	ZIP		[] Chang	ge Addition	
TITLE			3.1 717					go
NAME			3 2 NA		poproc			
STREET ADDRESS					DDRESS			
C on the			4.1 TIT	TY-ST-	ZIP		Chang	ge Addition
TITLE		- Occerc	4.2 N					
NAME					DODECC			
STREET ADDRESS					DDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT	Y-ST-	211-		☐ Chan	ge
NAME			5.2 NA					
STREET ADDRESS			5 3 ST	REET A	DORESS			:
CITY-ST-ZIP				Y-ST-				
TITLE		☐ DELETE	6.1 TIT				☐ Chan	ge
NAME			6.2 NA	ME				-
STREET ADDRESS			6.3 ST	REETA	DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP	<u></u>		

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

Daytime Phone #