1. Entity Name

May 03, 2000 8:00 am

MSV INVESTMENTS, INC.				•	Secretary of State				
CORAL GABLES FL 33134		Mailing Address	Mailing Address 2121 PONCE DE LEON BLVD. #920 CORAL GABLES FL 33134-5218 3. Mailing Address		02-11-2000 90030 00	3 ***150	.00		
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		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SE	ACE			
City & State		City & State	City & State		El Number APPLIED FOR	OR Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent		7. N	ame and Address of New Registered A	gent			
ب يد - د د.			Năme		~ <u>~</u>				
SOSA, MAGALI 2121 PONCE DE LEON BLVD. #920			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
CORA	AL GABLES FL 33134		·						
			City	FL Zip Code					
8. The above i	named entity submits this statemer	nt for the purpose of changing its	s registered office or	registered age	ent, or both, in the State of Fiorida.				
SIGNATURE _	Signature, typed or printed name of registered a	Dent and title if applicable (NOT	FE: Registered Agent signatu	re nerw behinper er	instating) DATE				
Tax filing re	ration is eligible to satisfy its Intang equirement and elects to do so. a on back)		'III FEE IS \$150.0 000 Fee will be \$5 bie to Department	50. 00	Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
11.	OFFICERS A	ND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, MAGALI 2121 PONCE DE LEON BLVI CORAL GABLES FL 33134	□ Delete). #920	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V () () () () () () () () () (☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-ZIP			□ Change	□ Addition		
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE "MAME" STREET ADDRESS CITY-ST-ZIP	E. 2	. "	Change_	Addition -		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-Z:P			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 Oher like empowered.

SIGNATURE:

SIGNATURE AND TYPE CONFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

205-442-140

Date

Daytime Phone #

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERV
ATLANTA GA 39901

NUMBER OF TH. NOTICE: CP 575 A
EMPLOYER IDENIFFICATION NUMBER: 65-0906609
FORM: SS-4
0716827572 B

P98000104166

FOR ASSISTANCE CALL US AT: 1-800-829-1040

MSV INVESTMENTS INC % MAGALI SOSA 2121 PONCE DE LEON BLVD 920 CORAL GABLES FL 33134

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0906609. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2000

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 04-20-1999. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

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P98000104166

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

MSV INVESTMENTS INC % MAGALI SOSA 2121 PONCE DE LEON BLVD 920 CORAL GABLES FL 33134

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 1-1999

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0716827572

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-05-1999
() - EMPLOYER IDENTIFICATION NUMBER: 65-0906609
FORM: SS-4

INTERNAL REVENUE SERVICE ATLANTA GA 39901

MSV INVESTMENTS INC % MAGALI SOSA 2121 PONCE DE LEON BLVD 920 CORAL GABLES FL 33134

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