

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida

APPROVED  
AND  
FILED

05 MAY 11 AM 10:35

DOCUMENT # **S01639**

(1)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name:  
**G & V INV., INC.**

Principal Office (Mailing)  
**C/O 8380 WEST FLAGLER ST. #200  
MIAMI FL 33144**

Mailing Address:  
**C/O 8380 WEST FLAGLER ST. #200  
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

2. Principal Office (Business)		2a. Mailing Address		3. Date of Registration (2 digit)		3a. Date of Last Report	
21		26		09/24/1990		06/20/1994	
22 State Apt # etc		27 State Apt # etc		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0218428		Not Applicable	
24		25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under 2019.05 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>OSORIO, GENIE</b> <b>18766 N.E. 18TH AVENUE</b> <b>NORTH MIAMI BEACH FL 33179</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICE	PD	1 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO, GENIE	2 NAME	
STREET ADDRESS	18766 N.E. 18TH AVE.	3 STREET ADDRESS	
CITY & STATE	N. MIAMI BEACH FL	4 CITY & STATE	
OFFICE		5 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 NAME	
STREET ADDRESS		7 STREET ADDRESS	
CITY & STATE		8 CITY & STATE	
OFFICE		9 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY & STATE		12 CITY & STATE	
OFFICE		13 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY & STATE		16 CITY & STATE	

14. I do hereby certify that the information supplied with this filing is correct, furnished and does not qualify for the exemption stated in Section 139.07(3)(b), 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 person or persons responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if I have had an appointment with an officer.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95  
304 554-7229