

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S08699 (8)  
1. Corporation Name  
M V INTERNATIONAL CORPORATION

Principal Place of Business  
14512 SW 97 ST  
MIAMI FL 33186  
US

Mailing Address  
14512 SW 97 ST  
MIAMI FL 33186  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 10241 SW 134 AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI FL  
Zip Country  
24 33186 25 US

2a. Mailing Address  
26 10241 SW 134 AVE  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI FL  
Zip Country  
29 33186 30 US

3. Date Incorporated or Qualified  
10/25/1990

4. FEI Number  
65-0226335

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARZARI, MAURO  
14512 SW 97 ST  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name MAURO MARZARI  
82 Street Address (P.O. Box Number is Not Acceptable)  
10241 SW 134 AVE  
83  
84 City MIAMI FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0501 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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed name of officer or director authorized to sign (Not a Registered Agent signature required when reinstating)

MAURO MARZARI PRES.

DATE

04/20/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MARZARI, MAURO	14512 SW 97 ST	MIAMI FL	<input type="checkbox"/>
PD	MARZARI, VALERIE	14512 SW 97 ST	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		10241 SW 134 AVE	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		10241 SW 134 AVE	MIAMI FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE

MAURO MARZARI PRES.

04/20/98 (204) 28882016

CR2E034 (10/97)