FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUL 18 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S13108 (3)

1. Corporation Name
C.J.M.V. CORPORATION

Principal Place of Business
~~7540 N.W. 8TH ST.~~
~~MIAMI FL 33125-0000~~

Mailing Address
~~7540 N.W. 8TH ST.~~
~~MIAMI FL 33125~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21 12360 SW 132 CT
Suite, Apt. #, etc.
22 # 107
City & State
23 MIAMI
Zip 24 FL 33186 Country 25

2a. Mailing Address
26 PO BOX 350043
Suite, Apt. #, etc.
27
City & State
28 MIAMI
Zip 29 FL Country 30 33135-

4. FEI Number: 65-0234958 — Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
NOVOA, JOSE
~~7540 N.W. 8TH ST.~~
~~MIAMI FL 33125~~

10. Name and Address of New Registered Agent
81 Name SAME.
82 Street Address (P.O. Box Number is Not Acceptable) 3061 NW 3 ST
83
84 City MIAMI FL FL 85 Zip Code 33125.

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 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: [signature] JOSE NOVOA 6/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NOVOA, JOSE	1.2 NAME	
STREET ADDRESS	3061 N.W. 3 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] JOSE NOVOA 6/19/95 305-643-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0124201 CP