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Apr 10 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 # S39517 (5)

1. Corporation Name
PIVASCH CORPORATION

[redacted]

Principal Place of Business	Mailing Address
7098 BONITA DRIVE MIAMI BEACH FL 33141	7098 BONITA DRIVE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1501 N.E. 191 ST.	26 1501 N.E. 191 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 C-405	27 C-405
City & State	City & State
23 N. MIAMI BCH. FLORIDA	28 N. MIAMI BCH. FLORIDA
Zip / Country	Zip / Country
24 33179 / 25 USA	29 33179 / 30 USA

3. Date Incorporated or Qualified: 03/18/1991

4. FEI Number: 65-0246356 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GABOR, CAROLINA
1198 NE 183 ST.
N. MIAMI BCH. FL 33179

10. Name and Address of New Registered Agent

81 Name: CAROLINA ROBLEDO
82 Street Address (P.O. Box Number is Not Acceptable): 1501 NE 191 ST. STE. C-405
N.M.B.
FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GABOR, CAROLINA 1198 NE 183 ST. N. MIAMI BCH. FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CAROLINA ROBLEDO 1501 NE 191 ST. STE. C-405 N. MIAMI BCH. FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P SONIA PICHAUD 955 N.E. 170 ST APT 224 N. MIAMI BCH. FL 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800002484738 -04/10/98--01029--008 ***150.00	☐ Change ☐ Addition RS 4/10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition PE 4-9

CR2E034 (10/97)

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: [signature] 3-30-98 305)947-7505