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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S80897

(9)

LAVILL INVESTMENTS, INC.

## **FILED** May 06 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						alalı bibil bibil bibil oldir fildi iddi
11900 BISCAYNE BLVD. 11900 BISCAYNE BLVD.						
SUITE 802	24	SUITE 802			DO NOT WRITE IN THIS SPACE	
MIAMI FL 3318	31	MIAMI FL 33181			3. Date Incorporated or Qualified	IN THIS OF NOT
					09/17/1991	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0283953	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22     27		City & State			6 Floating Compaign Financian	
23		<del> </del>	¬ '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has pai	
24	25	29	30		Personal Property Tax due June	30. 🔼 Yes 🗌 No
	9. Name and Address of Curren	10. Name and Address of New Reg	pistered Agent			
KAPELOW, PAUL				81 Name	ROSEN, ERROL	
1190 BISCAYNE BLVD. #802				82 Street Age	dress (P.O. Box Number is Not Acceptable 00 BISCAYNE BIVD	STE. 802
MIA	MI FL 33181		-	B3 // /	00 BISCAYNE BLVD	3/6.002
			Ĺ			
				84 City	MIRMI	FL 85 Zip Code 33/2/
11. Pursuant to the provisions of Sections 607,002 and 607,1508, Florida Statutes, the above-named						
11. Pursuant to the provisions of Sections 607, Lio2 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 any appointment of Section 607,0505, Florida Statutes.						
SIGNATURE 4/34/90						
	Signature, typical or printed name of registered age		F: Hegistered	Agent signature req	uirod when reinstating)	DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD Kapelow, Paul	☐ DELETE	1.1 717			L Change L Addition
NAME Street address	11900 BISCAYNE BLVD #802		1,2 NA			
CITY-ST-ZIP	MIAMI FL		- 1	Y-ST-ZIP		
TITLE	ASV	DELETE	2 1 TiT			Change Addition
NAME	ROSEN, ERROL		2 2 NA			
STREET ADDRESS	11900 BISCAYNE BLVD., #803	2	2.3 ST	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		2. 4 CI	Y-ST-ZIP		
TITLE	SD	DELETE	3.1 1(1	Æ		Change Addition
NAME	<b>Br</b> own, Peter	-	3.2 NA	ME		
STREET ADORESS	11900 BISCAYNE BLVD., #807	2	3.3 STF	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181	T DOLETE		Y-ST-ZIP		
TITLE		DELETE	4,1 TIT	ì		Change Addition
NAME			4. 2 NA			
STREET ADDRESS				REET ADDRESS		·
CITY+ST-ZIP TITLE		DFLETE	4.4 GIT 5.1 TIT	Y-ST-ZIP		Change Addition
NAME		- Merit	5.2 NA	1		C Ottango C Robi(IDI)
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition
NAME		_	62 NA			, _
STREET ADDRESS			6.3 STF	EET ADDRESS		
CITY ST-7IP			64 CIT	Y-SI-7IP		j

14. Thereby 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 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 of the receiver or trusted 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 attainment with an address.