FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S87124** **(1)**

1. Corporation Name
M V APARTMENTS INC.

Principal Place of Business
~~9212 SW 73RD RD~~
~~MIAMI FL 33156~~
US

Mailing Address
PO BOX 561745
MIAMI FL 33256
US

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 01/19/1995
4. FEI Number: 65-0295710 ☐ 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

2. Principal Place of Business
21 240 Costamera Rd
22 Suite, Apt. #, etc.
23 City & State: Coral Gables - Fl
24 Zip: 33143 25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

VARAS, MANUEL A.
~~7140 SW 94TH ST~~ 240 Costanera Rd
MIAMI FL 33156 Coral Gables - Fl 33143

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	AVARAS, MANUEL	
STREET ADDRESS	240 COSTAMERA RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ DELETE
NAME	VARAS, MIRTHA	
STREET ADDRESS	240 COSTAMERA RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-6: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (blank)

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)(x), 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] President 1-17-96 (305) 884-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone

CR2E034 (12/95)