

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V07720** (8)
1. Corporation Name
TVM INVESTMENTS, INC.



Principal Place of Business:
**2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

Mailing Address:
**2020 NE 163RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	27 City & State	30 City & State
22 City & State	28 City & State	29 Zip	30 Country
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0340859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIEDMAN, KENNETH A
2020 NE 613RD STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.012 and 607.013, 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. Said change was a change in the corporation's board of directors, a change in its membership, except the appointment of registered agent, I am familiar with and accept the obligations of, Section 607.019, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MINZBERG, TERRY	
STREET ADDRESS	2020 NE 163RD STREET#300	
CITY, ST, ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct in every particular for the exemption statement, Section 119.07(2)(a), Florida Statutes. I further certify that the information indicated on this form and is printed signature of the filing officer and any other person whose signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a business or professional employee of the reporting person as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an addition with an address.

SIGNATURE: *Terry Minzberg* Terry Minzberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (514) 935-9508
DATE OF FILING FEE

CR2E034 (12/95)