

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 20 1997 8:00am Secretary of State	
DOCUMENT # V09084		(7)		[Barcode]	
1. Corporation Name: GARVINO, INC.		Principal Place of Business: C/O JULIO AVINOA 2055 N.E. 121 ROAD NO. MIAMI FL 33181 US		Mailing Address: C/O JULIO AVINOA 2055 N.E. 121 ROAD NO. MIAMI FL 33181-3323 US	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1992	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 12/30/1996	
22. City & State		27. City & State		4. FEI Number 65-0315899	
23. Zip		28. Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MILICH, LEE 11900 BISCAYNE BLVD. SUITE 809 NORTH MIAMI FL 33181		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
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	
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.		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1. P BRAVERMAN, GARY 5500 COLLINS AVE., #601 MIAMI BEACH FL 33140		12.2. VPST AVINOA, JULIO 2055 NE 121ST ROAD NO. MIAMI FL 33181		13.1. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
12.3.		12.4.		13.2. 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.5.		12.6.		13.3. 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.7.		12.8.		13.4. 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
12.9.		12.10.		13.5. 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.11.		12.12.		13.6. 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information applied 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]		Date: 3/17/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 0004732			