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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V58789

(1)

F.A.V. INTERNATIONAL, CORP.

| Principal Place of Business       | Mailing Address                   |  |
|-----------------------------------|-----------------------------------|--|
| 5501 NW 163 ST.<br>Miami Fl 33014 | 5501 NW 163 ST.<br>MIAMI FL 33014 |  |
| US                                | US                                |  |

**FILED** Mar 26 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address          |  |                           |   |                    |                     |                       |                            | T TERRE BUIRE EARL ERING FRAN FRAN FRAN FRAN BURY RAND BURY BURY BURY BURY BURY BURY BURY BURY |  |   |
|--|--|---------------------------|---|--------------------|---------------------|-----------------------|----------------------------|--|--|---|
| 5501 NW 163 ST. 5501 NW 163 ST. MIAMI FL 33014 US US |  |                           |   |                    |                     |                       | DO NOT WRITE IN THIS SPACE |  |  |   |
| U  | 3  |                           |   |                    | US                  |                       |                            |  |  | 3. Date Incorporated or Qualified   |
|  |  |                           |   |                    |                     |                       |                            |  |  | 08/18/1992  |
| <del>                                     </del>     |  |                           |   | 28                 | 2a. Mailing Address |                       |                            |  |  | 4. FEI Number Applied For   |
| <del></del>  |  |                           | 26  |                    |                     |                       |                            |  | 65-0359058   Not Applicable                            |   |
| Suite, Apt. #, etc.                                  |  |                           | 27  |                    |                     |                       |                            |  | 5. Certificate of Status Desired Security Fee Required |   |
| 23   | City & State   |                           |   | 28                 | City & State        |                       |                            |  |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
| _  | Zip  |                           | Country   |                    | Zip                 | Coun                  |                            |  |  | 8. This corporation owes or has paid the current year Intangible  |
| 24   |  | - Name                    | 25  | 29                 | -1-0-4 4            |                       | 30                         |  |  | Personal Property Tax due June 30. Yes No   |
|  |  |                           | and Address of C  | urrent Regi        | stered Agen         | t                     |                            | 81   | Name -   | 10. Name and Address of New Registered Agent  |
|  |  | NAS, RICAF                |   |                    |                     |                       |                            | <u>"</u>   | 1401110  |   |
|  |  |                           | iwest 112th ti  | RKACE              |                     |                       | ļ                          | 82   | Street Addre   | ress (P.O. Box Number is Not Acceptable)  |
|  | Mi   | AMI FL 331                | 90  |                    |                     |                       | f                          | 83   |  |   |
|  |  |                           |   |                    |                     |                       | ].                         | _  |  |   |
|  |  |                           |   |                    |                     |                       |                            | 84   | City   | FL 85 Zip Code  |
| 11.  | office or r  | egistered ag              | ions of Sections 60<br>ent, or both, in the<br>th, and accept the | State of Flori     | ida. Such chi       | ange was au           | uthorized                  | l by   | the corporati  | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered |
| 010  | ū  | THE TOTAL THE CATE OF THE | и, апо ассерстве  | obligations c      | or, section ou      | 7.03 <b>0</b> 3, Flor | Jua Statt                  | nes.   | •  |   |
| 516  | SNATURE  | Signature, typed          | or printed name of registe  | red agent and till | e it applicable     | (NOTE:                | Registered                 | Ager   | nt signature require                                   | ired when reinstating) DATE   |
| 12.  |  |                           | OFFICER   | S AND DIRE         |                     |                       | 13.                        |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITL   |  | D                         |   |                    | L                   | DELETÉ                | 1.1 117                    |  |  | Change  |
| HAME ARIAS, ANA MARIA                                |  |                           |   |                    |                     | 1.2 NAME              |                            |  |  |   |
| STREET ADDRESS 15131 S.W. 112TH TERRACE              |  |                           | RACE  | 1.3 STREET A       |                     |                       |                            |  |  |   |
| CITY   | -ST-ZIP  | MAMI I                    | <u>'L</u>   |                    |                     | DELETE                | 1.4 CITY TE 2.1 TITL       |  | - ZIP  | Change Addition   |
|  |  | D<br>Arias, Ricardo J.    |   |                    |                     | 2.2 NA                |                            |  |  | Unange Audition   |
|  | NAME ARIAS, RICARDO J. STREET ADDRESS 15131 S.W. 112TH TERRACE |                           |   | RACE               |                     |                       |                            |  | ADDRESS  |   |
|  | -ST-ZIP  | MIAMI I                   |   | WOL.               | 2.40                |                       |                            |  |  |   |
| TOTAL  |  | 10.15 41.17               |   |                    |                     | DELETE                | 3.1 TIT                    |  |  | ☐ Change ☐ Addition   |
| NAM  | NAME   |                           |   |                    | 3.2 NA              |                       | ME                         |  |  |   |
| STRE   | STREET ADDRESS   |                           |   |                    | 3.3 STF             |                       | EET #                      | ADDRESS  |  |   |
|  | ·ST-ZIP  |                           |   |                    |                     |                       | 3 4. CI                    |  | T-ZIP  |   |
| TITLE  |  |                           |   |                    | Ц                   | DELE <b>TE</b>        | 4.1 TO                     |  |  | L Change Addition   |
| NAM  |  | i                         |   |                    |                     |                       | 4. 2 NA                    |  |  |   |
|  | EF ADDRESS   |                           |   |                    |                     |                       |                            |  | ADDRESS  |   |
| TITLE  | -ST-ZIP  |                           |   |                    |                     | DELETE                | 4.4 CIT<br>5.1 TITI        |  | - ZIP  | ☐ Change ☐ Addition   |
| NAM  | l l  | l                         |   |                    | . ت                 | vekti <b>š</b>        | 5.2 NAI                    |  |  |   |
|  | EET ADDRESS  |                           |   |                    |                     |                       |                            |  | ADDRESS  |   |
|  | -ST-ZIP  |                           |   |                    |                     |                       | 5.4 CIT                    |  | 1  |   |
| TITLE  |  |                           |   |                    |                     | DELETE                | 6.1 TITE                   |  | <del></del>  | Change Addition   |
| NAM  | i  |                           |   |                    |                     |                       | 6.2 NA                     |  |  | -   |
|  | ET ADDRESS   |                           |   |                    | 1                   |                       | 6.3 STR                    | EET A  | ADDRESS  |   |
| CITY   | - ST- ZIP  |                           |   |                    |                     |                       | 6.4 CfT                    | Y - ST   | - ZIP  |   |
|  |  |                           |   |                    |                     |                       |                            | -  |  | Continue 440 07/0V/). Florido Dietrito I fauthor continue that the information  |

I hereby certify that the information supplied with this fifting 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 thorocology of the respect to the corporation or thorocology of the corporation of the corporation of the original statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affact of the corporation of the corpora