FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # V66223 (1)

1. Corporation Name

RV CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1750 WEST 46TH STREET APT #540 HILEAH FL 33012	1750 WEST 46TH STREET APT #540 HILEAH FL 33012-2848

3. Date Incorporated or Qualified	3a. Date of Last Report
09/23/1992	10/11/1996

2. Principal Place of Business
21 `1000 W. 37 St`
22 Suite, Apt. #, etc.
23 City & State `Hialeah FL`
24 Zip `33010` 25 Country `U.S.A.`

2a. Mailing Address
26 `1000 W. 37 St`
27 Suite, Apt. #, etc.
28 City & State `Hialeah FL`
29 Zip `33010` 30 Country `USA`

4. FEI Number **65-0378838** | 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

9. Name and Address of Current Registered Agent

VALENCIA, RICARDO
3841 WEST 11TH COURT
HIALEAH FL 33012

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** NAME **VALENICA, CARLOS** STREET ADDRESS **1750 WEST 46TH STREET** CITY-ST-ZIP **HIALEAH FL 33012**	☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS `1000 W. 37 St.` 1.4 CITY-ST-ZIP `Hialeah, FL. 33010`	☑ Change ☐ Addition
TITLE **DV** NAME **VALENCIA, ELSA** STREET ADDRESS **1750 WEST 46TH STREET** CITY-ST-ZIP **HIALEAH FL 33012**	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS `1000 W. 37 St.` 2.4 CITY-ST-ZIP `Hialeah, FL 33010`	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby 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 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: