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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90044 043 \*\*\*150.00

## **DOCUMENT # 304021**

	VIRE INC							
Oringinal Place	of Rusiness	Mailing Address				- F INDIED LIKK DRAK DIDIK DUKA KIDEL KOK DIDIK	i Girii riali di	EN ATON ENEM TEAL
Principal Place of Business Mailing Address  1401 CORUNA AVE 1401 CORUNA AVE								
CORAL GABLES FL 33156 CORAL GABLES FL 33156						DO MOT WEITE IN THE		
						DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE_	
						04/11/1966		Ì
2. Principal Pla	ace of Business	2a. Mailing Address			~	4. FEI Number		Applied For
21		26			65-0195223		Not Applicable	
Suite, Apt.*	#, etc.	Sulte, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional Required
22 City 9 State		City & State	City & State			6. Election Campaign Financing		00 May Be
City & State	;	28			Trust Fund Contribution		ed to Fees	
Zip				try		8. This corporation owes the current year le	ntangible	
24	25		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		81 Na	me	10. Name and Address of New Registere	d Agent	
MAN	HEIM, ALFRED ATTY			DI INA	me			
	S.W. 74 STREET		ſ	B2 Sti	eet Addre	ess (P.O. Box Number is Not Acceptable)		
MIAM	AI FL 33143		\ \frac{1}{2}	83				
			.				105 7	ip Code
				B4 Cit	•	F	┖╵╎	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the ab	ove-nar	ned corpo	pration submits this statement for the purpose	of changing	its registered
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	itnonzed ida Statut	by the t les.	corporatio	n's board of directors. I hereby accept the app	On think at	, rogisto/50
SIGNATURE								
	Signature, typed or printed name of registered a							
40	OFFICERS	<del></del>		gent signa	ature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.		AND DIRECTORS  DELETE	13.		ature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
TITLE	PD	AND DIRECTORS	13.	E	ature required			
TITLE NAME		AND DIRECTORS	13. 1.1 TITE 1.2 NAM	E				
TITLE	PD DICK, ROGER A.	AND DIRECTORS	13. 1.1 TITE 1.2 NAA 1.3 STR	E Æ			Chane	ge Addition
TITLE NAME STREET ADDRESS	PD DICK, ROGER A. 1401 CORUNA AVE. CORAL GABLES FL V	AND DIRECTORS	13. 1.1 TITE 1.2 NAA 1.3 STR	E ME REET ADDR Y-ST-ZIP				ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICK, ROGER A. 1401 CORUNA AVE. CORAL GABLES FL V EVANS, ROBERT	AND DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITE 2.2 NAM	E ME REET ADDR Y-ST-ZIP E ME	RESS		Chane	ge Addition
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TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	PD DICK, ROGER A. 1401 CORUNA AVE. CORAL GABLES FL V EVANS, ROBERT	AND DIRECTORS  DELETE	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STR 2.4 CIT	E AE EET ADDR Y-ST-ZIP E AE REET ADDR Y-ST-ZIP	RESS		Chane	ge Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD DICK, ROGER A. 1401 CORUNA AVE. CORAL GABLES FL V EVANS, ROBERT 1401 CORUNA AVE.	AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITT 5.5 CITT 5.5 CITT 5.6 CITT 5.7 NAM 5.7 STR 5.6 CITT 5.7 NAM 5.7 STR 5.7 CITT 5.7 NAM 5.7 STR 5.7 CITT 5.7 NAM 5.7 STR 5.7 CITT 5.7 CITT 5.7 NAM 5.7 STR 5.7 CITT 5.7	E ME REET ADDRY-ST-ZIP LE	RESS		Chan	ge Addition  ge Addition  ge Addition  ge Addition
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14. I 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, with all other like empowered.

SIGNATURE: