

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90134 007 ***150.00

DOCUMENT # 395873

1. Corporation Name
V & M ENTERPRISES, INC.

Principal Place of Business
3555 S. W. 8TH ST.
MIAMI FL 33135

Mailing Address
3555 S. W. 8TH ST.
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1972

4. FEI Number

59-1418305

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3663 S.W. 8th Street
Suite, Apt. #, etc.

22 Third Floor

City & State

23 MIAMI FL

Zip
24 33135

Country
25 USA

2a. Mailing Address

26 3663 S.W. 8th Street
Suite, Apt. #, etc.

27 Third Floor

City & State

28 MIA FL

Zip
29 33135

Country
30 USA

9. Name and Address of Current Registered Agent

VALLS, FELIPE A
3555 S. W. 8TH ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

VALLS, FELIPE A.

82 Street Address (P.O. Box Number is Not Acceptable)

3663 S.W. 8th Street Third Floor

83

84 City

MIAMI

FL

85 Zip Code
33135

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

TITLE PD
NAME VALLS, FELIPE A., SR.
STREET ADDRESS 3555 SW 8TH STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME VALLS, FELIPE A., JR.
STREET ADDRESS 3555 SW 8TH STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VALLS, FELIPE A. SR.
1.3 STREET ADDRESS 3663 S.W. 8th Street Third Floor
1.4 CITY-ST-ZIP Miami, FL 33135

☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME VALLS, FELIPE A., JR.
2.3 STREET ADDRESS 3663 SW 8th Street Third Floor
2.4 CITY-ST-ZIP Miami, FL 33135

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY: FELIPE A. VALLS, JR

Date

2/1/99

Daytime Phone #

(305) 446-4916

CR2E034 (1/198)