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**

DOCUMENT # P95000083814 (0)

VEW INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address		······				
999 PONCE DE		•	999 PONCE DE LEON BLVD.					
715	LEON BLVD.	715						
CORAL GABLES	S FL 33134		CORAL GABLES FL 33134-3042 US					
US						3. Date Incorporated or Qualified 11/02/1995	3a. Date of Last Re 02/05/1996	eport
	ace of Business	!	2a. Mailing Address			4, FEI Number	 	plied For
21 Suite Ant	# oto	26 Suite, Apt. #.	nto		· · · · · · · · · · · · · · · · · · ·	65-0620495		t Applicable
Suite, Apt.		27	27			6. Certificate of Status Desired Fee Required		
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country	Zip		Country				
24	25 29		30	30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
	g. Name and Address of Cu					10. Name and Address of New Reg	latered Agent	
PAD	IAL, JOSE I			81	Name			
	PONCE DE LEON BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
715			of corner		, con the second second			
COR	VAL GABLES FL 33134			83				
				84	City		FL 85 Zip (Code
11. Pyrsuant t	to the provisions of Sections 607	.0502 and 607.1508, Florid	a Statutes,	the above	named corp	poration submits this statement for the pr	urpose of changing it	s registered
office or re agent. I ar	egistered agent, or both, in the S m familiar with, and accept the o	itale of Florida, Such chan- bligations of, Section 607.	ge was auth 0505, Florida	iorized by a Statutes	the corpora	tion's board of directors. I hereby accep	t the appointment as	registerea
SIGNATURE	Signature, type-d or printed name of registers	of august and title d applicable	(APOTE: Da	naistared Age	nt elanalus sacu	red when reinstating)	DATE	
12,		AND DIRECTORS	(WOTE: TR	13.	m signitione redo	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	D	DE	LETE	1.1 TITLE			Change	Addition
NAME	GONZALEZ, VALENTIN			1.2 NAME	i			
STREET ADDRESS	999 PONCE DE LEON BLV	D., #715		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-S	T- ZIP			
TITLE		DE	LETE	2.1 TITLE			Change	Addition
NAME				2.2 NAMÉ				
STREET ADDRESS				2.3 STREET	ACCORESS			
City-ST-ZiP		TT 65			ST - ZIP			1.4400
TIFLE		L DE	LEFE	3.1 TITLE			Change	Addition
NAME PAREET ANGLESS				3.2 NAME	ADDRESS			
STREET ADDRESS				3.3 STREET				
C:TY-ST-ZIP TITLE		□ DE	LETE	3.4. CITY - 5 4.1 TITLE	51 - ZIP		☐ Change	Addition
NAMÉ				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADORESS			
CITY - ST - ZIP				4.4 CITY - S				
TITLE		DE	LETE	5 1 TITLE			☐ Change	Addition
NAME				52 NAME				
STREET ADDRESS				53 STREET	ADDRESS			
City-St-ZiP				54 City-S	T-ZIP			
TITLE		D£	LETE	61 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6 3 STREET	ADDRESS			
CITY-ST-ZIP	$-\infty$			6.4 CITY-S				
informatio	by certify that the information su on indicated on this accual repor	plied with this filing does i of supplemental annual r	not qualify for	or the exe	mption state trate and tha	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega	 I further certify that effect as if made un 	the der oath; that
i am an oi	flicer or director of fie corporate	The receiver or trusted	empowere	o to exec	ute mis repo	rt as required by Chapter 607, Florida S	ratutes, and that my r	iaiTie

SIGNATURE:

14. I do hereby certify that the information indicated on this acciliance in a man officer or director of the appears in Blook 12 or Blook 13

FILED

Jan 27 1997 8:00am

Secretary of State