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

DOCUMENT # P9700050720

VICANZA ENTERPRISES, INC.

Principal Place of Business 13813 SOUTH WEST 281 ST. Mailing Address

13813 SOUTH WEST 281 ST.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90067 023 ***150.00



HOMESTEAD FL 33033		HOMESTEAD FL 33033			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					06/06/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0760285	<u> </u>	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	ie	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	try	8. This corporation owes the current year Intan		10 1 0 20	
24	25	29	30	•	Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	1 Name			 -	
	ORA, JOSE A		Ļ					
13813 SOUTH WEST 281 ST.				82 Street Address (P.O. Box Number is Not Acceptable)				
HOM	IESTEAD FL 33033		18	13				
			_					
			}8	City	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statut	es, the abo	ve-named	corporation submits this statement for the purpose of ch	anging it	s registered	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was a	iuthorized t	y the con	poration's board of directors. I hereby accept the appointment	nent as r	egistered	
agent, i a	m familiar with, and accept the obli	gations of, Section 607,0505, Fig	inda Statuti	∋\$.				
SIGNATURE	Signature, typed or printed name of registered a	Chicago if analisable (MCT)	. Distance d		required when reinstating) DATE			
12.	·	AND DIRECTORS	13.	jent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ODE IN 12	
TITLE	P	DELETE	1.1 TITLE			Change	Addition	
NAME	ZAMORA, JOSE A		1.2 NAM		_	0.101.90		
STREET ADDRESS	13813 SOUTH WEST 281 ST	-		ET ADDRESS				
í	HOMESTEAD FL 33033	•						
CITY-ST-ZIP TITLE	HOMEOTERD 1 E 33003	☐ DELETE	1.4 CITY- 2.1 TITLE		 	1 Change	Addition	
		_ betere				_ Change	[] Addition	
NAME			2.2 NAME	=			•	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		- Delete	2. 4 C/TY					
TITLE		☐ DELETE	3.1 TITLE		` L] Change	Addition .	
NAME			3.2 NAME	_				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE] Change	☐ Addition	
NAME			4.2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADORESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-		Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STRE	ET ADDRESS				

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

vature required D-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR