

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001521150  
-06/22/95--01095--003  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S15232** (9)

1. Corporation Name  
**VS DEVELOPMENT, INC.**

Principal Place of Business Mailing Address

7540 N.W. 5TH STREET  
PLANTATION FL 33317

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PLANTATION FL 33317

3. Date Incorporated or Qualified **11/27/1990** 3a. Date of Last Report **07/22/1994**

4. FEI Number **65-0236400** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CARLOS A. ROMERO, JR., ESQ.  
CARLOS A. ROMERO, JR., P.A.  
3195 PONCE DE LEON BLVD., SUITE 200  
CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIL, SARA	12 NAME	
STREET ADDRESS	418 PONCE DE LEON AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	HATO REY PR	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORDO, JORGE H.	22 NAME	
STREET ADDRESS	1010 N.W. 98TH AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIL, EDUARDO	32 NAME	
STREET ADDRESS	418 PONCE DE LEON AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	HATO REY PR	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIL, ROBERTO	42 NAME	
STREET ADDRESS	418 PONCE DE LEON AVE.	43 STREET ADDRESS	
CITY, ST, ZIP	HATO REY PR	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIL, PATRICIA	52 NAME	
STREET ADDRESS	418 PONCE DE LEON AVE.	53 STREET ADDRESS	
CITY, ST, ZIP	HATO REY PR	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMIL, JOAQUIN	62 NAME	
STREET ADDRESS	418 PONCE DE LEON AVE.	63 STREET ADDRESS	
CITY, ST, ZIP	HATO REY PR	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95 (905)581-1034