

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V04913

1. Corporation Name

V. & C. IMPORT-EXPORT, CORP.

Principal Place of Business Mailing Address 8022 N.W. 66TH STREET 8022 N.W. 66TH STREET						_			41 8181 914)	11811 81811 1881	
8022 N.W. 66TH	+ STREET	8022 N.W. 66TH STREET										
MIAMI FL 3316		MIAMI FL 33166						DO NOT WRITE IN THIS SPACE				
us us								3. Date Incorporated or Qualifed				
								01/08/1992				
2 0 10	- During	2n Mailin	Addross					4. FEI Number		- I An	plied For	
2. Principal P	lace of Business	2a. Mailing	y Address					65-0308826			t Applicable	
21	H	26 Suite	Ant # atc			<u> </u>			_	\$8.75 A		
_ · Suite; Apt.	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired		Fee Re		
22 City & State		City & State						6. Election Campaign Financing		\$5.00	May Bo	
23	•	28						Trust Fund Contribution]	Added t		
Zip	Country	Zip		Co	untry			8. This corporation owes the current	vear Intar	ngible		
24	25	29		30				Personal Property Tax.			MNo	
	9. Name and Address of Current		gent	**	T			10. Name and Address of New Regi	stered A	gent		
					81	Name						
UZA	tegui, carmen luz				-			- Man Barris Mark Assessments			————	
117	CAMERON DRIVE	¢			82	Stree	i Addre:	ss (P.O. Box Number is Not Acceptable)	1			
FOR	T LAUDERDALE FL 33326				83			1				
						_				Tam (**) /		
					84	City			FL	85 Zip (Code	
agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section	n 607.0505, Flo	nda Sta	tutes.	· 		's board of directors. I hereby accept the	DATE			
12.	OFFICERS AND	DIRECTORS						ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.11	TLE					☐ Change	☐ Addition	
NAME	UZATEGUI, CARMEN LUZ			1.21	IAME							
STREET ADDRESS	117 CAMERON DRIVE			1.3 8	TREET	ADDRESS	3					
CITY-ST-ZIP	FORT LAUDERDALE FL 33326			1.40	CITY-ST	-ZIP _						
TITLE			□ DELETE	2.11	TLE					☐ Change	☐ Addition	
NAME				2.21	IAME		}				}	
STREET ADDRESS	٠		• <u>200</u>	- 2.3 8	TREET	ADDRESS	s .		=	t		
CITY-ST-ZIP				2.4	CITY-S	T-ZIP						
TITLE			☐ DELETE	3.17	TTLE			•		☐ Change	☐ Addition	
NAME				3.21	AME						Ì	
STREET ADDRESS	, ,			3.3 9	TREET	ADDRESS	ŝ					
CITY-ST-ZIP	· ·			3.4.	CITY-S	T-ZIP						
TITLE			☐ DELETE	4.1	πLE					☐ Change	☐ Addition	
NAME	·			4.2	NAME							
STREET ADDRESS				4.3	STREET	ADDRESS	s					
CITY-ST-ZIP				4.4 (CITY-ST	Γ-ZIP						
TITLE			DELETE	5.1	TILE					☐ Change	☐ Addition	
NAME				5.21	AME			•				
STREET ADDRESS				5.3 \$	STREET	ADDRES!	s					
CITY-ST-ZIP					CITY-S	r-ZIP						
TITLE			DELETE	6.1	MILE					☐ Change	☐ Addition	
NAME				6.21	NAME							
STREET ADDRESS	1			6.3	STREET	ADDRES	s					

6.4 CITY-ST-ZIP

SIGNATURE:

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. MAR 1 7 1999

-471-9404

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90033 023 ***158.75