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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 355291
1. Corporation Name

(6)

V & G COMPANY

Principal Place of Business

Mailing Address



Principal Place of Business,			(Vigin ig Vigin 600							
19841 WESTLAKE DR Miami Fl 33015			1984) WESTLAKE DR Miami FL 33015							
							3. Date Incorporated or Qualified 11/13/1969		of Last R 1/27/19	
2. Principal Plac	ce of Business	2a.	Mailing Address		·		4. FEI Number			Applied For
21		26	-				59-1296076			Not Applicable
Suite, Apt. #.	, etc	27	Suite, Apl. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		Adde	<b>0</b> May Be d to Fees
Zip 24	Country 25	29	Z <sub>I</sub> p	30	untry		110111111111111111111111111111111111111	🔀 No		199.032,
24	g. Name and Address of Curre		tered Agent		Τ.		10. Name and Address of New F	legistered	Agent	
					81	Name				
VENTUR	A, NILO J				82	Street Add	iress (P.O. Box Number is Not Acceptal	ole)		
19841 W	/ESTLAKE DR									
MAMI FI	L 33015				63					
					84	1	oration submits this statement for the pu	FŁ	.	ip Code
SIGNATURE _	h, and accept the obligations of, Se	nd a dillerit	esad tellar			tagen or other	ADDITIONS/CHANGES TO OF	DATE ICERS AND	DIRECTO	ORS IN 12
12.	PD	a NEO COLLEG	["] DELETE		 FITLE				Change	
NAME	VENTURA, NILO J			12	NAV:					
STREET ADDRESS	19841 WESTLAKE DR.			1.3	STREE	LADDRESS				
CITY - ST - ZIP	MIAMI FL			14	CH∀ -	S1 - ZIP				
TITLE	VS		DELETE	2 1	TITLE				Change	Addition
NAME	VENTURA, HECTOR			9	NAME					
STREET ADDRESS	6333 GAGE PLACE					LADDRESS				
C1TY-ST-Z1P	MIAMI FL		DELFTE		TITLE	ST-ZIP			☐ Change	Addition
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NAME STREET ADDRESS						ELADORESS				•
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STREET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS CITY S*-ZIP TITLE			DELETE	43 44 5 52 53 54 6	STREE LOTY - LOTY - NAME SORE LOTY - LOTY - LOTY - NAME	* ADDRESS ST-ZIP - LT ADDRESS - S1-ZIP				

14. Lob hereby certify that the information is lipplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(4), Florida Statutes, Furnier certify that the information indicated on this crimical report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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:

Med Clip Att 12 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/20/10 (205)884-5858

CR2E034 (12/95)