

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

**APPROVED AND FILED**

**95 APR 11 PM 2:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **F74454 (2)**

1. Corporation Name  
**VIMARI CORPORATION**

Principal Place of Business: **2335 NW 107TH AVENUE (PO BOX 521093, ZIP CODE 33152) MIAMI FL 33172 US**

Mailing Address: **2335 NW 107TH AVENUE (PO BOX 521093, ZIP CODE 33152) MIAMI FL 33172 US**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/31/1982**

3a. Date of Last Report: **04/29/1994**

4. FBI Number: **59-2204348**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS INC.  
2000 SE FIRST ST  
PH  
MIAMI FL 33139**

10. Name and Address of New Registered Agent

81 Name: **LAWRENCE M. PLOUCHA, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable): **ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.**

83: **1946 TYLER STREET**

84 City: **HOLLYWOOD**

85 Zip Code: **FL 33022-2088**

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: Lawrence M. Ploucha, Esq. DATE: 3/15/95

12. OFFICERS AND DIRECTORS

TITLE	<b>STC</b>
NAME	<b>CAMEJO, EDUARDO</b>
STREET ADDRESS	<b>9895 NW 47TH TERR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>CREMATA, RAUL</b>
STREET ADDRESS	<b>19 VERAGUA</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>PD</b>
NAME	<b>BAJOS, ORLANDO</b>
STREET ADDRESS	<b>10325 S.W. 89TH COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental information 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 authorized to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAUL CREMATA DATE: 1/26/95 (305) 592-0403