FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

MIAMI FL 33156

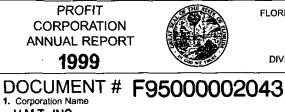
12386 S.W. 82ND AVE.

PROFIT CORPORATION ANNUAL REPORT 1999

V.M.T. INC.

MIAMI FL 33156

Principal Place of Business 12386 S.W. 82ND AVE.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90129 005 ***150.00



|--|--|--|--|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 04/27/1995

						$\overline{}$	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For
1		26			65-0553896	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
2		27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
3	•	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year in	tangible	1
4	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
	ILES, CARLOS		ŀ	82 Street	Address (P.O. Box Number is Not Acceptable)		
) S.W. 119TH ST.			62 30000	Address (F.O. Box Number is Not Acceptable)		
MIAI	MI FL 33156			83			
			ĺ	84 City	FI	85 Zip	Code
		0 1 007 4500 51-41-01-4-	45 1			e L	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was auti	horized	by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appointment of the purpose of the pur	intment as re	gistered
ū	and the state of the obligation				,		
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: R	egistered.	Agent signature	required when reinstaling) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO)RS IN 12
TITLE	PD	DELETE	1.1 TIT	LE		☐ Change	☐ Addition
NAME	ROBLES, CARLOS		1.2 NA	ME	· ·		
	8270 S.W. 119TH ST.			REET ADDRESS			
STREET ADDRESS	MIAMI FL 33156		I				
CITY-ST-ZIP	VD	☐ DELETE	_	TY-ST-ZIP		☐ Change	Addition
TITLE		☐ becele	2.1 TIT		·	Criaingo	
NAME	ROBLES, CARRIE	•	2.2 NA				
STREET ADDRESS	8270 S.W. 119TH ST.		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		2.4 CI	TY-ST-ZIP			
TITLE .	-	DELETE *	3.1 111	T.E		Change	☐ Addition
NAME			3.2 NA	ME	·		
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4, Cf	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT			☐ Change	☐ Addition
NAME			4.2 NA	AMÉ			
STREET ADDRESS				REET ADDRESS			
	•			ry-st-zip			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		 	Change	Addition
		- verel	5.2 NA		·	···-·9•	
NAME							
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				ry-st-zip			
TITLE		☐ DELETE	6.1 TIT			Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	ry-st-zip	1		

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 feeder 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #

CR2E034 (11/98)