

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G21425 (5)**

1. Corporation Name:
VICBEN ENTERPRISES INC.



Principal Place of Business: **9 NORTH ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166**
Mailing Address: **9 NORTH ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.	01/28/1983	01/20/1995
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	59-2248658	
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIRANDA, MANUEL A. 9 NORTH ROYAL POINCIANA BLVD MIAMI SPRING FL 33166	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Sections 607.0505, Florida Statutes.

SIGNATURE: *Manuel A. Miranda* **MANUEL A. MIRANDA** 1-22-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MIRANDA, MANUEL A	1.2 NAME	
3. STREET ADDRESS	5450 W 7 COURT	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	HIALEAH FL	1.4 CITY, ST, ZIP	
5. TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MIRANDA, VICTORIA	2.2 NAME	
7. STREET ADDRESS	5450 W 7 COURT	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	HIALEAH FL	2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		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 119.07(3)(k), 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: *Manuel A. Miranda* **MANUEL A. MIRANDA** 1-22-96

CR2E034 (12/95)