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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90014 005 ***158.75

DOCUMENT	#	H32	51	2
J	٠. ا		: O I	_

1. Corporation Name

VIRMAR I	INVESTMENTS, INC.											
Principal Place	of Business	Mailing Address					****************	111311114	18 1181 8181	*1811 81811	#1#11 #11	*** ***** (***)
14481 SW 52 ST	TREET	14481 SW 52 STREET										
MIAMI FL 33175 MIAMI FL 33175						DO NOT	LAZION	CE INI TH	IS SDACI	=		
						2 Date In	corporated or Qua		E IN TH	IS SI ACI		
						1	/1984	JO.				ļ
n Principal Pl	ace of Business	2a. Mailing Address				4, FEI Nu				т.	App	lied For
- i	ace of Business	26 Mailing Address					81649				$+\cdots$	Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.				- T			* ×	\$8.		dditional
22	.,, 5.6.	27				5. Certifo	ate of Status Desir	ed	S	F	ee Red	quired
City & State	9	City & State				6. Election	n Campaign Finan	cing		\$5	.00	May Be
23		28				Trust F	und Contribution			Ac	ided to	Fees
Zip	Country	Zip	Count	гу		8. This co	rporation owes the	e curre	ent year I			_
24	25	29	30				al Property Tax.			Ye:	s !	□No
	g. Name and Address of Curren	t Registered Agent				10. Name	and Address of I	lew R	legistere	d Agent		
DI 107	DI LO 14107714 14		8	ין ויי	lame							
	TILLO, MARTHA M.		8	12 5	treet Addr	ress (P.O. Box	Number is Not Ac	cepta	ble)			
	1 S.W. 52ND ST.											
MIAM	11 FL 33144		8	13								
			8	4 0	City					. 85	Zip C	ode
	to the provisions of Sections 607.050				•				<u> </u>			•
	to the provisions of occitons so .coo	Z 4110 007.1000, 1.101.100 Tillian						20000				infored
office or re agent. I ar SIGNATURE	to the provisions of Sections of 7.050 egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Floi	nda Statute	by the	corporation	ion's board of d	directors. I hereby			ointment	as reg	istered
office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation of segments of segments agent agents.	nt and title if applicable. (NOTE:	Registered Ag	by the	corporation	ed when reinstating)	irectors. I nereby		DATE			
office or reagent. I are SIGNATURE	m familiar with, and accept the obligation of registered ager of the obligation of registered ager of the obligation of	nt and title if applicable. (NOTE:	Registered Ag	oy the es.	corporation	ed when reinstating)	DNS/CHANGES TO		DATE	AND DIR	ECTO	
office or reagent. I as	m familiar with, and accept the obligations of registered ager OFFICERS AN PSD	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	es. gent sig	corporation	ed when reinstating)	irectors. I nereby		DATE		ECTO	RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of registered ager of FICERS AN PSD BUSTILLO, MARTHA M.	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME	gent sig	nature require	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST.	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent sig	nature require	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTO	RS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL	itions of, Section 607.0505, Floi nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	gent sig	nature require	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange	RS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	gent sig	nature require	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A	itions of, Section 607.0505, Floi nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent sig	nature require	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Floi nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE	gent sig	DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange	RS IN 12
office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	gent sig	DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange	RS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Floi nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	E E EET AD C-ST-ZI E-EET AD C	DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange	RS IN 12 Addition
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	Dy the es. E E E EET AD ST-ZI E E E E E E E E E E E E E E E E E E E	DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange	RS IN 12 Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	E E E E E E E E E E E E E E E E E E E	DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange	RS IN 12 Addition
office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	E E E E E E E E E E E E E E E E E E E	DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOR ange	RS IN 12 Addition
office or reagent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	E E EET AD C/-ST-Z E E E E E E E E E E E E E E E E E E E	DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOR ange	RS IN 12 Addition Addition
office or reagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 NAME 4.3 NAME 4.3 NAME 4.3 NAME 4.4 NAME 4.4 NAME 4.4 NAME 4.5	E E EET AD C'-ST-Z E E E EET AD C'-ST-Z E E E E E E E E E E E E E E E E E E E	DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOR ange	RS IN 12 Addition Addition
office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.3 STRE	Syntheses. BEET AD C-ST-ZI EEET AD (-ST-Z EET AD (-ST-Z ET A	DRESS DRESS DRESS DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOR ange	RS IN 12 Addition Addition
office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 NAME 4.3 NAME 4.3 NAME 4.3 NAME 4.4 NAME 4.4 NAME 4.4 NAME 4.5	by theees. E E E E E E E E E E E E E E E E E E	DRESS DRESS DRESS DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIR	ECTOF ange ange ange	RS IN 12 Addition Addition
office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY	by theees. E E E E E E E E E E E E E E E E E E	DRESS DRESS DRESS DRESS DRESS	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
office or re agent. I ar agent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.1 TITLE	py theees. E E EET AD ST-ZI E E EET AD (-ST-Z E E E E E E E E E E E E E E E E E E E	DRESS P DRESS P DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
office or re agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME 5.3 NAME 5	Py theees. E E E EET AD . ST-ZI E E EET AD . C-ST-Z E E E E E E E E E E E E E E E E E E E	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
office or re agent. I ar agent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	Py thee es. E E EET AD C'-ST-Z E E EET AD C'-ST-Z E E E E E E E E E E E E E E E E E E E	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOI ange ange ange	RS IN 12 Addition Addition Addition
office or re agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	Py theees. E E E E E E E E E E E E E E E E E E	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOI ange ange ange	RS IN 12 Addition Addition Addition Addition Addition
office or re agent. I ar agent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD BUSTILLO, MARTHA M. 14481 S.W. 52ND ST. MIAMI FL DVP VENEDICTO, OLGA, A 14431 S.W. 112TH TERR.	itions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.7 TITLE 3.2 NAME 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 5.4 CITY 6.1 TITLE	Py theees. E E E E E E AD D D D D D D D D D D D D D	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)	irectors. I nereby		DATE	AND DIRI	ECTOI ange ange ange	RS IN 12 Addition Addition Addition Addition Addition

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 comporation or the receiver or trustee employered 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR