May 05, 1999 8:00 am Secretary of State

05-05-1999 90212 018 ***150.00

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

DOCUMENT # J96470

1. Corporation Name

VINET INDUSTRIES, INC.

Principal Place of Business Mailing Address									
% ANTONIA DIAZ 3901 W. HALLANDALE BCH. BLVD HOLLYWOOD FL 33023		% antonia diaz 3901 W. Hallandale BCH, BLVD HOLLYWOOD FL 33023				DO NOT WRITE IN THIS SPACE			
, .						Date Incorporated or Qualifed 10/08/1987		_	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-2854333		Vot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional	
22 27						5. Certificate of Status Desired	Fee	Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be		
23 28						Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	t Registered Agent		81		10. Name and Address of New Registered Age	ent		
					Name			ļ	
DIAZ, ANTONIA				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
3901 W. HALLANDAL BEACH BLVD				0110017100					
HOLLYWOOD FL 33023				83					
-				84	City		35 Zi	p Code	
					•	FL			
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.									
-	,							į	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					t signature requ	ired when reinstating) DATE			
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	-		1.1 TI	1.1 TITLE] Chang	e	
NAME	DIAZ, JUAN		1.2 N/	1.2 NAME				ŀ	
STREET ADDRESS 3901 W. HALLANDALE BEACH BLVD			1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP HOLLYWOOD FL 33023			1.4 CI	1.4 CITY-ST-ZIP			10:		
TITLE	S DELETE			2.1 TITLE		L] Chang	e Addition	
NAME				.2.2 NAME				Į.	
STREET ADDRESS 3901 W. HALLANDALE BEACH BLVD			2.3 S	2.3 STREET ADDRESS				-	
CITY-ST-ZIP HOLLYWOOD FL 33023			_+	2.4 CITY-ST-ZIP			3.01		
TITLE	☐ DELETE 3.		3.1 T	3.1 TITLE		L] Chang	e 🗌 Addition	
NAME			3.2 N	3.2 NAME				į	
STREET ADDRESS	ADDRESS		3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP	- 61			3.4. CITY-ST-ZIP			7.01		
TITLE	DELETE 4		4.1 TI	4.1 TITLE		C] Chang	e Addition	
NAME	MAME .		4.2N	4. 2 NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS			}	
CITY-ST-ZIP 4.			4.4 C	4.4 CITY-ST-ZIP					
_			5.1 TITLE			Chang	e		
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREET	ADDRESS			ì	

CITY-ST-ZIP 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 fully an adversariate 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 with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

Change

Addition