

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26115** (1)  
1. Corporation Name  
**VICHELLE CORPORATION**



Principal Place of Business: **151 MAJORCA AVENUE SUITE C CORAL GABLES FL 33134**  
Mailing Address: **151 MAJORCA AVENUE SUITE C CORAL GABLES FL 33134**

2. Principal Place of Business  
21 **17972 S.W. 11 Street**  
22 Suite, Apt. #, etc.  
23 **Pembroke Pines, FL**  
24 **33029** 25 **USA.**  
26 **17972 SW. 11 Street**  
27 Suite, Apt. #, etc.  
28 **Pembroke Pines, FL**  
29 **33029** 30 **USA.**

3. Date Incorporated or Qualified: **06/14/1988**  
3a. Date of Last Report: **05/26/1995**  
4. FEI Number: **65-0117490**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$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  
**PRATS, GABRIEL**  
**151 MAJORCA AVENUE, #C**  
**SUITE C**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of principal officer or director if applicable. Title of Registered Agent if applicable. Date of filing.

12. OFFICERS AND DIRECTORS		
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSEIRO, R.</b>	
STREET ADDRESS	<b>175 N.W. FIRST AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>CORDEIRO, J</b>	
STREET ADDRESS	<b>175 N.W. FIRST AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDHOFF, JOHN</b>	
STREET ADDRESS	<b>175 N.W. FIRST AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: *John Cordeiro Leite* 4-22-96 (951)4305265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Florida File #

CR2E034 (12/95)