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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DOCUMENT # 1. Corporation Name		DIVISION O	IF CURPURA	HONS			
1. Corporation Name	L04620	(5)					
V.C.M., INC.					A MANGELL AND AREA AND A ANGEL	SIN A DOLLAR ALAN ALAN	l Biğir Giller digir glası tağı
Principal Place of Business Mailing Address							
% BRENARD V. MAZZEO, C.P.A. 8900 SW 117 AVE #104B MIAMI FL 33188	1	% Brenard V. Mazzeo. C.P.A. 8900 SW 117 AVE #104B MIAMI FL 33186					
US		US COLOR			 Date Incorporated or Qualifie 08/01/1989 		of Last Report /26/1995
Principal Place of Business	 -¬	Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			65-0132918		Not Applicable
	27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	28	Crty & State			6. Election Campaign Financing		\$5.00 May Be
Zip Coui		 Žip	Count	Try	Trust Fund Contribution 8. This corporation has hability f		Added to Fees
25	29		30		Florida Statutes 🔣 🕥	′es □No	
y, Name and Add	dress of Current Registe	ered Agent		1 Name	10. Name and Address of New	Registered A	jent
MELENDEZ, CARLOS			Ľ		A. (DO D. M. L. Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A		
7850 N.W.L 64ST			l	2 Street Ad	dress (P.O. Box Number is Not Accept	lable)	
MIAMI FL 33168			8	3			
			8	4 City		FL	85 Zip Code
 Pursuant to the provisions of Se or registered agent, or both, in t familiar with, and accept the obl IGNATURE 	octions 607.0502 and 607 the State of Florida Such of ligations of, Section 607.0	.1508, Florida Statu change was authori, 505, Florida Statute:	tes, the above zed by the coi s.	named corp poration's bo	oration submits this statement for the pard of directors. I hereby accept the a	ourpose of chang opointment as re	Lt ging its registered offic gistered agent. I am
Signature, typeid or printed nai	time of registered agent and title if an			ient signature requi	red wher reinstating:	DATE	
2. TLE P	OFFICERS AND DIRECT	ORS DELETE	13. 1 1 Intu		ADDITIONS/CHANGES TO O		
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