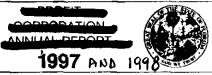
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



Call St. St. Suggest

Yell the said from

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **VANY CORPORATION**

98 JAN 26 AM 11:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plan	e of Business	Mailing Address	Mailton Addrons						
,			D1.10						
3211 PONCE DE LEON BLVD. 3211 PONCE STE. 201 STE. 201			E DE LEON BLVD.						
CORAL GABLES FL 33134		CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporate	d or Qualified	3a. Date of Last	Report	
					09/19/1989		05/09/199	6 Í	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26		65-015767	65-0157672		Vot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Sta			Additional	
22		27			5. Certinoate of Sta	us Desired	Fee I	Required	
City & State	9	City & State			6. Election Campaig	6. Election Campaign Financing \$5.00 May Be			
23	28			Trust Fund Contribution Added to Fees					
Zip	Country	Ζιρ		ıntry	8. This corporation	owes or has paid			
24	25	29	30		Personal Propert			☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Register									
GULISANO, GEORGE				81 Name	ERNESTO R	. GRE	co	j	
3211 PONCE DE LEON BLVD.				82 Street	Address (P.O. Box Number i				
STE. 201					<u> </u>				
CORAL GABLES FL 33134				83	7400 S.W.	107 AL	ve.		
				84 City	miani		FL 85 Zig	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. Lam tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signalure, types/or profiles frame of registly del agent and till of it applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.			IGES TO OFFICE	RS AND DIRECTO	DRS IN 12	
TITLE	DP	DELETE	1.1 T	TLE					
NAME	GRECO, RODOLFO		1.2 N	AME	600	101/20/0	1523 5 3-01105	010	
STREET ADDRESS	3211 PONCE DE LEON BLVD.	. STE. 201	138	REET ADDRESS		- 617 CO ()	.00 ****3	010	
CITY-ST-ZIP	CORAL GABLES FL 33134	•		ITY - ST - ZIP		*********	,00 *****	00.00	
TALE	VS	DELETÉ	2.1 7				Change	Addition	
NAME	GRECO, ERNESTO		2.2 N		ĺ				
STREET ADDRESS	2044 DONOE BE LEON DIVE OFF 204			FREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134			ally-SI-ZiP					
TITLE	VI	DELETE	3.1 T				Change	Addition	
NAME	GRECO, NORBERTO		3.2 N		-		•	_ "	
STREET ADDRESS	3211 PONCE DE LEON BLV.,	STE. 201	R R	TREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134	- -		ITY-ST-ZIP					
TITLE		DELETE	4.1 1		<u> </u>		☐ Change	☐ Addition	
NAME &			4.21				_ •		
STREET ADDRESS				FREET ADDRESS	1				
CITY-ST-ZIP				ITY-ST-ZIP	//	alan	ノ	i	
TITLE		DELETE	511		1	1 -	Change	Addition	
NAME		<u> </u>	5.2 N.		1 (/2	an.261	1998 Change		
STREET ADDRESS				reet address			, , -		
CITY-ST-ZIP				TY-ST-ZIP					
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NAME		- vereit	6.2 N				C Cuango		
STREET ADDRESS				reet address	1				
CITY-ST-ZIP			64 C	TY - ST - ZIP					

14. I do 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 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.