SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

VSN ENGINEERING, INC.

FILED Sep 03 1998 8:00am Secretary of State



Principal Place of Business Malling Address									
8550 W FLAGLE STE 113 MAIM! FL 33144		8550 W FLAGLER ST STE 113 MIAMI FL 33144				DO NOT WRITE IN THIS S PACE			
US	US				3. Date Incorporated or Qualified 10/17/1989				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21	is so gradients	26				65-0162556	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8	.75 Additional	
22		27				5. Certificate of Status Desired	F	ee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	T			Trust Fund Contribution		dded to Fees	
Zip	Country	Zıp 29	Country 30			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SOS	A, JORGE L			81	Name				
4410 ALTON ROAD				82 Street Addre		ess (P.O. Box Number is Not Acceptable	e)		
MIAMI BEACH FL 33140						obb (i .c. box (ibinbo) io trot (coopias.	~,		
				83					
				84	City		85	Zip Code	
					•		- FL_		
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authoriza	d bv	the corporation	ration submits this statement for the purp on's board of directors. I hereby accept t	ose of ch an ging the appoi nt ment	Its registered t as registered	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg					itered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	D OFFICERS ANI		CTORS 13.		Т				
NAME	SERRATE, LEANDRO M	Dere is	1.2 N					larige [] Addition	
STREET ADDRESS	3621 SW 132 PL		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5		·				
TITLE	D	DELETE	2.1 TITLE				CI	hange Addition	
NAME	VARGAS-FOURNIER, ABBEY			2.2 NAME				-	
STREET ADDRESS	1227 AUGARDI AVENUE		2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 24		2.4 C	2.4 CITY-ST-ZIP					
TITLE	D	DELETE	3.1 TI	TLE			c	hange Addition	
NAME	VARGAS-FOURNIER, RODOLFO		3.2 N						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		3.4 CIT NELETE 4.1 TITI		-ZIP				
TITLE	SERRATE, LEANDRO J	L DELETE	4.1 II 4.2 N					hange Addition	
NAME	4441 SW 5 TER				ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			TY-ST	1				
TITLE	THE PART OF	DELETE	5.1 TITLE		<u></u>		Cr	hange Addition	
NAME			5.2 N		1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST					
TITLE		DELETE	6.1 TI	TLE			CI	hange Addition	
NAME		- -	6.2 N	AME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-\$T-ZIP	L)		TY-ST		1 440 07/07/0 Fts 11 01 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		a information	
## ! harabir o	artiful ment the information learning with	Enie filing dage not auglity for t	maya an	กบาก	STATEM IN SEC.	tion 119.07(3)(i). Florida Statutes, I furthe	ar cerui v ins iin	er nucumation	

i nereby certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the ecciptor 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, of on an appear with an address.

KNUDRO H. SERRAS V.P.