

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -1 PM 3:03

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L97000000692

V.SHIPS FLORIDA L. C.
~~100 SE 2ND ST., STE. 2930~~
~~MIAMI FL 33131~~

1a. Principal Place of Business Address

~~100 SE 2ND ST., STE. 2930~~
~~MIAMI FL 33131~~

2. Principal Place of Business

1101 Brickell Ave

Suite, Apt. #, etc.

3rd FLOOR, NORTH Tower

City & State

MIAMI, FL

Zip

33131

Country

USA

2a. Mailing Address

1101 Brickell Ave

Suite, Apt. #, etc.

3rd FLOOR, NORTH Tower

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Date Organized or Qualified

06/25/1997

3a. State of Formation

FL

4. FEI Number

65-076-3358

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

~~KUBIT, DONALD E~~
~~100 SE 2ND ST., STE. 2930~~
~~MIAMI FL 33131~~
EDWARD C. HOWELL
1101 BRICKELL AVE
MIAMI, FL 33131

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

SIGNATURE

DATE

5/21/98

(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WELLNER, ROBERT G	22 JERICHO TURNPIKE	MINEOLA NY
MGR	BIGGI, TULLIO	22 JERICHO TURNPIKE	MINEOLA NY
MGR	JUAN, CARLOS	5805 BLUE LAGOON DR., STE.	MIAMI FL
MGR	VALDANO, JUAN C	100 SE 2ND ST., STE. 2930	MIAMI FL

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****188.75 ****188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #