CORPORATION ANNUAL REPORT

DOCUMENT # M13933



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 04-21-1999 90092 049 ***150.00 1999 DIVISION OF CORPORATIONS

| VIJU INT | CORP. | · | | | | | | | | |
|---|---|-------------------------------------|--|--------------------------------|--------------------------|--|--|---|-----------------------------------|--------------------------|
| Principal Place | e of Business | Mailing Address | | | | 1 12010 | | 46 lèi nn airi biù i | l dig ht bloth bioth | 01014 8 1031 (801 |
| 7585 N.W. 7TH STREET 7585 N.W. 7TH STREET | | | | | | | | | | |
| MIAMI FL 33126-2908 MIAMI FL 33126-2908 | | | | | | | DO NOT | COLTE IN THE | C CDACE | |
| | | | | | - | Date Incorr | orated or Qualit | VRITE IN THI | S SPACE | |
| | | | | | ٥, | 04/15/19 | _ | icu | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 4. | FEI Numbe | | | Ar | plied For |
| 21 26 | | | | | | 59-2532 | 813 | | No. | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | - † <u>-</u> | | | <u> </u> | \$8.75 | Additional |
| 27 | | | | | 5. | Certificate t | of Status Desired | u L., | Fee Re | equired |
| City & Stat | е | City & State | | | 6. | _ | ampaign Financi | ng 🔲 | | May Be |
| 23 | | 28 | | | _+ | | Contribution | | | to Fees |
| Zip | Country | Zip | Count | гу | 8. | | ration owes the | current year I | | □No |
| 24 | 25) | | <u> 10 </u> | | | | roperty Tax. Address of Ne | w Penistere | ∐ Yes | |
| | 9. Name and Address of Curren | t Kegistered Agent | 8 | 1 Name | 10. | Maille allo | Address of Ne | W Kegistere | u Ageiii | |
| JUL | O C. FERNANDEZ | | L | | | | _ | | | |
| 7876 W 15 LANE HIALEAH FL 33014 | | | 8 | 2 Street Ad | idress (P | .O. Box Nu | mber is Not Acc | eptable) | | |
| | | | 8 | 3 | | | | | | |
| | | | L | | | | _ | | | |
| | • | | 8 | 4 City | | | | F | 85 Zip | Code |
| office or t | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat | ot Florida. Such change was auti | norizea a | v tne corpora | orporation ation's bo | n submits the | is statement for stors. I hereby ac | the purpose occept the app | of changing its ointment as re | registered egistered |
| SIGNATURE | Signature, typed or printed name of registered ager | t and title if applicable. (NOTE: R | | ent signature requ | | | | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS | /CHANGES TO | OFFICERS A | | DRS IN 12 ☐ Addition |
| TITLE | VP DELETE | | 1.1 TITLE | | | | | | Change | [] Addition |
| NAME | FERNANDEZ, MIRIAM | | | 1.2 NAME 1.3 STREET ADDRESS | | 1114 | 87457 | - B-1 | | |
| STREET ADDRESS | | | | ET ADDRESS | 181 | , ~~ | | 26 | | |
| CITY-ST-ZIP | HIALEH FL ST □ DELETE | | | -ST-ZIP | Mi | <u>* </u> | (+ 331 | 0 | Charige | Addition |
| TITLE | ST ST | _ | | | | | | | | _ |
| NAME | FERNANDEZ, VIVIANM 14311 SW 37TH ST. | | 2.2 NAME 2.3 STREET ADDRESS | | 7210 NW 8TH ST B-1 | | | | | |
| STREET ADDRESS | RESS 14311 SW 371H ST. | | | | MI | A Fr | 4 331 | V / | | |
| CITY-ST-ZIP | P - DELETE | | 2.4 CITY-ST-ZIP 3.1 TITLE - | | | <i>// /</i> (| . | _ 6 | _ Change | ☐ Addition |
| NAME | | | 3.2 NAMI | | • | | | | ~ | |
| STREET ADDRESS | · | | | 3.3 STREET ADDRESS | | s hu | 87457 | 「 ろーノ | | Ì |
| CITY-ST-ZIP | HIALEAH FL | | 3.4, CITY-ST-ZIP | | 101 | A Fo | A 331 | γ _ | | |
| TITLE | | | 4.1 TITLE | | | | , g., g | | Change | ☐ Addition |
| NAME | , | | 4.2 NAM | E | | | | | | |
| STREET ADDRESS | 4. | | 4.3 STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | 4.4 | | 4.4 CITY | -ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | • | Change | Addition |
| NAME | | | 5.2 NAME | l l | | | | | • | |
| STREET ADDRESS | | | 1 | ET ADDRESS | | | | | ٠ | |
| C/TY-ST-Z/P | | | 5.4 CITY | -ST-ZIP | | | | | | |
| TITLE | | | | | | | | | | |
| | | ☐ DELETE | 6.1 TITLE | | | | | | Change | Addition |
| NAME | | ☐ DELETE | 6.2 NAMI | · - | • | | | | Change | Addition |
| NAME STREET ADDRESS | | ☐ DELETE | 6.2 NAMI | ET ADDRESS | • | | | | Change | Addition |

14. I 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 adcurate 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 chapted, in on an attactment with an address with all other like empowered.

SIGNATURE:

CURRED OFFICER OR DIRECTOR