FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

111

1. Corporation VELPE	R CORPORATION	50 (1)				I BABA BABA BABA BABA BABA
Principal Plac	e of Business	Mailing Address			<u> </u>	I BHBILBIBI DIBH BIDIA BIDIA BIDI
•		c .				
1860 W. FLAGLER STREET Miami F 33135 US		2655 LEJEUNE ROAD 807 CORAL GABLES FL 33134				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 03/24/1986	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		59-265 1926	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60.75	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
25		29	30		Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registe	ered Agent
	TES, LESTER G., ESQ.	A1.0000 AAD	61	ivanie		
	BLES INTERNATIONAL PLAZA,	SUITE 807	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134						·
			83			
			84	City		85 Zip Code
44 D		60 1003 600 TO 11 O		 		FL V Exp 5000
office or r agent. La	ogistered agent, or both, in the Statem familiar with, and accept the oblig	uz and 607, 1508, Florida Ste e of Horida: Such ch <mark>ange w</mark> gations of, Section <mark>607,0505</mark> ,	atutes, the above as authorized by , Florida Statutes	-named corp the corporat	oration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typed or pented name of registered as		NOTE: Registered Agen	il signature requir	· · · · · · · · · · · · · · · · · · ·	AND DIDECTORS IN 40
TITLE	OFFICERS AND DIRECTORS DELETE		13.	I	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	VELAZQUEZ, INO		1.2 NAME			Coloringt D Addition
STREET ADDRESS 1685 CLEVELAND RD.			1.3 STREET ADDRESS			
ENALS SOLL FI						
CITY-ST-ZIP TITLE	PD DELETE		1.4 CITY-ST 2.1 TITLE	- 21P		Change Addition
NAME	AUDOA GOTODIANO		2.2 NAME			ET ougues ET Vertinou
STREET ADDRESS	890 0 SW 75 ST.		2 3 STREET A	ADDOTCO		
CITY-ST-ZIP MIAMI FL			2 4 CHTY-ST			
TITLE	DELETE		3 1 TITLE	(- £)r		Change Addition
NAME			3.2 NAME			THE PARTY OF THE PROPERTY OF
STREET ADDRESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST			
TITLE	DELETE		4.1 TITLE	1 211		Change Addition
NAME			4. 2 NAMÉ			
STREET ADDRESS			4.3 STREET A	7DDBESS		
CITY-ST-ZIP			4.4 CITY - ST	1		
TITLE			5.1 TITLE	F0		Change Addition
NAME		5.2 NAME				
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST			
TITLE		DELETE	6 1 TITLE	. <u></u>		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADDRESS		
			6.4 CITY-S1			
						

14. Thereby 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 13 if changed, or on an alphabunent with an address.

4/2/00

FILED

May 18 1998 8:00am

Secretary of State