

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

SEAL 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M47392

(9)

1. Corporation Name

INFUSAL HOME THERAPY, INC.

Principal Office of the Firm

**6490 WEST 20TH AVENUE
HIALEAH FL 33016-2603**

Mailing Address

**6490 WEST 20TH AVENUE
HIALEAH FL 33016-2603**

ENTER WHAT IS IN THE SPACE

3. Date Incorporated or Qualified
02/27/1987

3a. Date of Last Report
04/26/1994

4. FID Number
59-2777669

Approved For
Not Applicable

5. Contribution of State (Deliver)

**\$8.75 Additional
Fee Required**

6. Election Campaign Contribution
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has failed to deliver the report by the date
specified in the report.

2. Principal Office of the Firm

21

2a. Mailing Address

26

2b. Principal Office of the Firm

22

2c. Mailing Address

27

2d. Principal Office of the Firm

23

2e. Mailing Address

28

2f. Principal Office of the Firm

24

2g. Mailing Address

29

2h. Principal Office of the Firm

30

9. Name and Address of Current Registered Agent

**FIGUEROA, LUIS R.
6490 W 20TH AVENUE
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

01. Name

02. Street Address of the New Registered Agent

03. City

04. State

FL

05. Zip Code

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that the undersigned is a duly qualified officer or director of the corporation, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida.

SIGNATURE

12. **PD**
FIGUEROA, LUIS R.
6490 W 20TH AVENUE
HIALEAH FL
V
FIGUEROA, DENISE T.
6490 W 20TH AVENUE
HIALEAH FL

13. **ADDITIONAL INFORMATION TO BE FURNISHED TO THE SECRETARY OF STATE**

14. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that the undersigned is a duly qualified officer or director of the corporation, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida, and that the undersigned is a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Secretary of State
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APPROVED
483
FEB 3

03/18/1997 15

VEGA REALTY, INC.

DOCUMENT # M48612 (9)

1. Corporation Name
VEGA REALTY, INC.

Principal Place of Business
**10925 NW 27TH ST
MIAMI FL 33172
US**

Mailing Address
**1385 CORAL WAY
SUITE 406
MIAMI FL 33145-2941**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Completed **03/18/1987** 3a. Date of Last Report **04/21/1994**
4. FFI Number **59-2782578** Applied For ☐
Not Applicable ☒

2. Original Place of Incorporation 2a. Mailing Address
21 26
22 27
23 28
24 29
25 30

5. Certificate of Status Request ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under Fla. Stat. § 219.01 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANTON, EDUARDO
1385 CORAL WAY
SUITE 406
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (Do Not Leave Blank) (Not Applicable)
83
84 City, State, and Zip
FL 85

11. I, the undersigned, being a resident qualified person, do hereby certify that this corporation is duly organized under the laws of the State of Florida, and that it is not delinquent in its annual report filing requirements. I am a resident of the State of Florida, and I am a resident of the State of Florida.

12. I, the undersigned, being a resident qualified person, do hereby certify that this corporation is duly organized under the laws of the State of Florida, and that it is not delinquent in its annual report filing requirements. I am a resident of the State of Florida, and I am a resident of the State of Florida.

13. I, the undersigned, being a resident qualified person, do hereby certify that this corporation is duly organized under the laws of the State of Florida, and that it is not delinquent in its annual report filing requirements. I am a resident of the State of Florida, and I am a resident of the State of Florida.

14. I, the undersigned, being a resident qualified person, do hereby certify that this corporation is duly organized under the laws of the State of Florida, and that it is not delinquent in its annual report filing requirements. I am a resident of the State of Florida, and I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICE HONORARY
MANUEL A. VEGA, III

5/15/95

599-4854