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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # MEAGAO

FILED Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90007 028 ***158.75

1. Corporation FLORIDA	Name (VIO401) A COUNTRY HOMES, INC.	,							
Principal Place	e of Business	Mailing Address							
11270 SW 163RD ST. 11270 SW 163RD ST.									
MIAMI FL 33157 MIAMI FL 33157					DO NOT WRITE IN THIS SPACE				
ı					Date Incorporated or Qualifed	12 11 11 11	0.7.02		
					06/25/1987			ļ	
2. Princinal P	lace of Business	2a. Mailing Address			4. FEI Number	****	A	pplied For	
21		26			59-2819930		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	-	5. Certifcate of Status Desired		· · · · · ·	Additional	
22		27	_		J. Certificate of Glades Desired			edniced	
City & State	8	City & State			6. Election Campaign Financing		•	May Be	
23		28		<u> </u>	Trust Fund Contribution			to Fees	
Zip	Country 25	Zip 29	Coun	uy	This corporation owes the curr Personal Property Tax.	ent year into	angible ∐Yes	□No	
24)	9. Name and Address of Curren	11	1901		10. Name and Address of New F	Registered A	Agent		
				Name					
	ez, jorge		-	32 Street Add	Iress (P.O. Box Number is Not Accepte	able)			
11270 SW 163RD ST.				0110017100			4887		
MAIM	VII FL 33157		[83					
				34 City			85 Zip	Code	
	·			,		FL			
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	tes, the ab authorized	by the corporati	poration submits this statement for the ion's board of directors. I hereby accept	ot the appoin	ntment as re	egistered	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered A	es. gent signature require	red when reinstating)	DATE			í
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered A	gent signature require		DATE			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTI	13.	gent signature require	red when reinstating)	DATE	D DIRECTO	ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DCPV PEREZ, JORGE H.	nt and title if applicable. (NOTI	13. 1.1 TITL 1.2 NAA	gent signature require	red when reinstating)	DATE	D DIRECTO	ORS IN 12	
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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 trief 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: