

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90058 021 \*\*\*150.00

DOCUMENT # M95673

1. Corporation Name  
VERNONSHIRE, INC.

Principal Place of Business Mailing Address  
C/O KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR.  
CORAL SPRINGS FL 33071-6089 C/O KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR.  
CORAL SPRINGS FL 33071-6089

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1988

4. FEI Number

98-0082868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUPFER, PAUL H., ESQ.  
1700 UNIVERSITY DR.  
CORAL SPRINGS FL 33071

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME DIAZ LAVIE, BEATRIZ E  
STREET ADDRESS 5100 ZONA POSTAL 1050  
CITY-ST-ZIP CARCAS VE

1.1 TITLE V/D ☐ Change ☒ Addition  
1.2 NAME LAVIE, CELESTINO IGARCIA DIAZ  
1.3 STREET ADDRESS 5100 ZONA POSTAL 1050  
1.4 CITY-ST-ZIP CARCAS, VE

TITLE VTSD ☐ DELETE  
NAME DE BREY, ANA MARIA  
STREET ADDRESS 5100 ZONA POSTAL 1050  
CITY-ST-ZIP CARACAS, VENEZUELA

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DIAZ, ANA MARIA de Brey  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME MONSEFF, CELESTINO D  
STREET ADDRESS 5100 ZONA POSTAL 1050  
CITY-ST-ZIP CARCAS VE

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D/P  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 empowerment.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/13/99  
Date

(954) 755-3600  
Daytime Phone #

CR2E034 (11/98)

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