

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

DOCUMENT # P92000011209

1. Corporation Name  
VANEGRAS ENTERPRISES, INC.

Principal Place of Business  
5140 PALM HILL DRIVE  
W. PALM BEACH FL 33415

Mailing Address  
4962 PIMLICO CT  
W PALM BCH. FL 33415  
US

2. Principal Place of Business  
21 4962 PIMLICO CT

2a. Mailing Address  
26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 W. PALM Beach

27 City & State

23 W. PALM Beach, FL

28 City & State

24 Zip

Country

25 33415

26 U.S.A.

27 Zip

28 Country

29 30

9. Name and Address of Current Registered Agent

BONFANTE, CHRISTINE  
166 SPARROW DR  
SUITE A  
ROYAL PALM BEACH FL 33411

81 Name *Vanezas Luis A.*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*4962 PIMLICO CT.*  
83  
84 City *WEST Palm Beach FL* 85 Zip Code *33415*

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME *VANEGRAS, LUIS A*  
STREET ADDRESS *815 HILL DR., APT D*  
CITY-ST-ZIP *WEST PALM BEACH FL*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
*VANEGRAS, LUIS*  
3.2 NAME *4962 PIMLICO CT.*  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP *WEST Palm Beach, FL. 33415*

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90175 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

65-0378179

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

CR2E034 (11/98)

4/16/99 561-9656899

Date Daytime Phone #