

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:44

DOCUMENT # P93000036844 (7)

1. Corporation Name

V.A.D.C. INVESTMENTS, INC.

Principal Place of Business

323-325 WORTH AVENUE
PALM BEACH FL 33400

Mailing Address

323-325 WORTH AVENUE
PALM BEACH FL 33400

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0414112

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 112 Caribbean Road

Suite, Apt. #, etc.

2a. Mailing Address

26 112 Caribbean Road

Suite, Apt. #, etc.

22 City & State

23 Palm Beach, FL

24 Zip

25 33480

Country

27 City & State

28 Palm Beach, FL

29 Zip

30 33480

Country

9. Name and Address of Current Registered Agent

MONTEL, JEAN-D

323-325 WORTH AVENUE

PALM BEACH FL 33400

10. Name and Address of New Registered Agent

81 Name

Jean-Didier Montel

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

112 Caribbean Road

83

84 City

Palm Beach

FL

85 Zip Code

33480

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change

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☐ Change

☐ Addition

SIGNATURE:

[Signature]

DIIDER MONTEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 21 95 407 881 3583

Date

Anytime From 9