

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

CORPORATION
ANNUAL REPORT
1995



... ..

APPROVED
AND
FILED

5 MAY - 1 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047134 (0)

J.V. FOLIAGE, INC.

5975 SUNSET DRIVE
PH 802
SOUTH MIAMI FL 33143

5975 SUNSET DRIVE
PH. 802
SOUTH MIAMI FL 33143

SOUTH MIAMI FE 33143		SOUTH MIAMI FE 33143		SOUTH MIAMI FE 33143	
2	Unemployment Insurance	2a	Unemployment Insurance	3	Unemployment Insurance
21	Unemployment Insurance	26	Unemployment Insurance	6/28/1993	05/01/1994
22	Unemployment Insurance	27	Unemployment Insurance	4	Unemployment Insurance
23	Unemployment Insurance	28	Unemployment Insurance	65-0424687	Additional Fee
24	Unemployment Insurance	29	Unemployment Insurance	5	Additional Fee Required
25	Unemployment Insurance	30	Unemployment Insurance	6	\$8.75 Additional Fee Required
				7	\$5.00 May Be Added to Fees
				8	Unemployment Insurance

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81	NAME	81	NAME
82	STREET ADDRESS (If no business location is listed, use home address)	82	STREET ADDRESS (If no business location is listed, use home address)
83		83	
84		84	
		FL	85

11. I declare that the information furnished by me is true and correct. I understand that the above statement is the property of the Department of Homeland Security and that the information furnished by me is confidential and that the information furnished by me is not to be disclosed to the public without the approval of the Department of Homeland Security.

12. NAME ADDRESS PHONE CITY STATE ZIP		13. NAME ADDRESS PHONE CITY STATE ZIP	
NAME	D VENDETTA, JOSEPH	NAME	D VENDETTA, JOSEPH
ADDRESS	22000 SOUTHWEST 162ND AVENUE	ADDRESS	22495 SOUTHWEST 162 AVE.
CITY	GOULDS FL 33170	CITY	GOULDS, FL. 33170
STATE	D	STATE	D
ZIP	VENDETTA, THOMAS	ZIP	VENDETTA, THOMAS
NAME	22000 SOUTHWEST 162ND AVENUE	NAME	22495 SOUTHWEST 162 AVE.
ADDRESS	GOULDS FL 33170	ADDRESS	GOULDS, FL. 33170
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I hereby certify that the information provided with this filing is complete, truthful, accurate and lawful, for the proceedings stated herein and that I am a United States citizen, that I am duly qualified to administer oaths and the proper report is truthfully given in respect to the facts stated, and that the signatures shall have the same legal effect as if made under oath. I am not a party to the proceedings, and I am not a partner, proprietor, officer, or director of any party to the proceedings, and that my position is that of a disinterested third party.

SIGNATURE: *[Signature]* - Dr
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR INSPECTOR

4/28/95 (305) 246-1558