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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

V.A. HO	LDINGS INC.	0079127 (5)						
Principa' Place o	of Business	Mailing Address						IO FOLSI IIIII	
	ALL DR., SUITE 803	7700 N. KENDALL DR.,	% BRITAN & KRAMER, P.A. 7700 N. KENDALL DR., SUITE 803 MIAMI FL 33156						
MIAMI FL 3315	16	MIAMI FL 33156				3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1995			
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number	- d	h	Applied For
Suite, Apt. #,	atc	Suite, Apt. #, etc.				65-0511634			Not Applicable
2	eio.	27]				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			0 May Be
3		28				Trust Fund Contribution		Adde	d to Fees
Zip 4	Country 25	Zip	Coun	itry		8. This corporation has liability for in Florida Statutes Yes	nangibe ta Di No	x under s	199.032,
•	9. Name and Address of Currer	29 nt Registered Agent	30			Florida Statutes Yes 10. Name and Address of New R		Agent	
				81 N	ame			gon	
BRENNER	R. ALLEN		82 Street Add			ss (P.O. Box Number is Not Acceptab	lo)		
9780 SW 168 ST.						ss (.c. box number a not notaptable)			
miami fl	33157		-	83					·
			ļ.	B4 C	ity	4. N. 14		85 Zi	o Code
11 Purcuant to	the provisions of Scations 607.0500	and 607 1500 Florida Ptot de	a the obe		ad an care	lian a harita this state and for the	FL	1 1	
or registered	diagent, or both, in the State of Flori	da. Such change was authorize	ed by the co	e-nam orporat	ied corpora tion's board	tion submits this statement for the pur of directors. I hereby accept the appe	pose of cha pintment as	nging its r registered	egistered office Lagent. Lam
	, and accept the obligations of, Sect	ion 607.0505, Florida Statutes							
SIGNATURE s	gnature, typed or printed hamo of registered agent	and title if applicable (NO	TE: Registered A	kgent sigi	iature required	when reinstating)	DA7E		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1. 1 TITLE] Change	Addition
NAME	BRENNER, ALLEN		1.2 NAM	1.2 NAME					
STREET ADDRESS	9780 SW 168 ST.		1.3 \$70						
CITY-ST-ZIP TITLE	MIAMI FL 33157 ST	☐ DELETE		y - ST - ZII	P			7 Change	Addition
NAME	ROURA, VINCE W			2.1 TITLE 2.2 NAME			L] Change	[] Addition
STREET ADDRESS	15945 SW 286TH ST.			2 3 STREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL 33030		2 4 CITY		1				
TITLE		DELETE	3 1 TITLE		·		[Change	Addition
NAME			3.2 NAM	/E	Ì				
STREET ADORESS			3.3 \$16	REET ADD	DRESS				
CITY-SY-ZIP				Y - ST - ZI	Р	•			
TITLE		☐ DELETE	4. 1 T/T				L] Change	Addition
NAME PARCET ADORESS			4.2 NAN						
STREET ADORESS				EET ADD					
DITY-ST-ZIP DITLE		DELETE	4.4 CH	Y - \$1 - ZII LE	<u>-</u>			Change	Addition
NAME			5.2 NAM					_ c.ia igo	1.00/(10)
STREET ADDRESS				EE1 ADD	RESS				
DITY-ST-ZIP				Y - S1 - ZII					
TITLE		P) DELETE		6 1 TITLE				Change	Addition
NAME	1		6.2 NAM	ΛÉ					
STREET ADDRESS	//	. 1	6.3 STR	EFT ADD	PESS				
CITY-ST-ZIP		14-	6 4 CIT	Y - \$T - ZII	P				
certify that the	certify that the information supplied on the information indicated on this annual an an officer or director differ porocal ock 12 or Block 13 if cyangin, or c	wiig this tiling is voluntarily furn ual faport or supplemental anni	isried and d ual report is	oes no true a	ot qualify for nd accurate	the exemption stated in Section 119. and that my signature shall have the	07(3)(k), Flo same legal (ida Statut effect as if	es. I further

SIGNATURE:

Allen Brenner

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 e Dete

(305)235-1335

Daytims Phone # #