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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P9400007773 (2)

FILED Feb 24 1997 8:00am Secretary of State

		Mailing Address 9667 N.W. 56TH ST. MIAMI FL 33166-3330					
					3. Date Incorporated or Qualified 02/01/1994	3a. Date of La 02/07/19	ast Report 96
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0475697	Not Applicable	
Suite, Apt	t #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		75 Additional ee Required
City & Sta	ate	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Zφ	Country	Zip	Country	y	8. This corporation has liability for	intengible tax und	der s. 199.032,
24	25 g. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
	DORIGUEZ, ISABEL C	in negrotered Agent	81	Name 1	D V A 12	J.,	
11 Mi/	165 S.W. 112TH TERRACE AMI FL 33176		82 83 84	1695 City M 181	ass (P.O. Box Nymber is Not Aceptate Sw. 142 Ave	FL 85	Zip Code 33175
SIGNATURE	Signature, typed or printed a ring of ring bevord age	Cut and the it of I (abi) 1	as authorized b Floricia Statute NOTE Registered Ag		poration submits this statement for the pion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	2//9/9	
12.	PD	ID DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	RODRIGUEZ, ANTHONY K	Second Control	1.2 NAME				
STREET ADDRESS	11165 S.W. 112TH TERRACE		1,3 STREE	I ADDRESS			
C-TY - ST - 2iF	MIAMI FL 33176		1.4 CITY-	ST-ZIP			
THEF	VSD SOCIET VINOPAR	☐ DELFTF	2.1 TITLE			Cha	ange
NAME	RODRIGUEZ, VINCENT %8667 N.W. 56TH ST.		2.2 NAME				
STREET ADDRESS	MIAMI FL 33166			T ADDRESS			
CHTY - \$1 - 76° TIT, F	TD TD	DELETE	2.4 CITY- 3.1 TITLE	51-2Ir		Cha	ange Addition
NAME	CAPUZZO, ALINA		3.2 NAME				• –
STREET ADDRESS			33 STREE	T ADDRESS			
CHY-ST-Zif	MIAMI FL 33166		3.4. CITY-	ST-ZIP			
LITLE		DELETE	4.1 TITLE			Cha	ange [] Addition
NAME			4. 2 NAME				
STREET ADORESS	5			1 ADDRESS			
CHY-ST-7P		DELETE	4.4 CITY - 1	ST-7IP		[] OL-	ange Addition
TOTLE		[] DETERIE	5.1 TITLE	}		∐ Cha	ngo 🔲 Nouldon
	1		5.2 NAME	[
NAME Page 1 Aut 2007			r a atres	T 4000000	•		
STREET ADDRESS	5			I ADDRESS	·		
STREET ADDRESS CITY+ST-7IF		T here	5.4 CITY-1			∏ Ch:	inge Addition
STREET ADDRESS CITY - ST - ZIP TILLE		DELETE	5.4 CITY-: 6.1 TITLE			☐ Cha	ange Addition
STREET ADDRESS CITY - ST - 71P TITLE NAME		☐ DELFTE	5.4 CITY-1 6.1 TITLE 6.2 NAME	SI-ZIP		Cha	ange Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.4 CITY-1 6.1 TITLE 6.2 NAME	ST-ZIP		Cha	ange Addition

I do nereby certify that the information supplied with this filing boss 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 poor 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 of history empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if of angular true in an attack mean with an approximation of the corporation and that my name.

SIGNATURE:

GNATURE AND TYPE OF PRINTED NAME OF SERVING OFFICER OF DIRECTOR

1/19/97 305-5 Dayting P

aytime Phone #