## 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 #	P94000012865
1 Corneration Name	1 0 10000 12000

VERO SQUARE; INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90123 048 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			E INDERINDE RED ENERGE MENTE DURIN NUMBER :	is Boisi Obian IIain ind	M! IBIIM MICHI M	
201 ALHAMBRA	•	201 ALHAMBRA CIRCLE						
8TH FLOOR		8TH FLOOR		1	DO NOT WIRE	E IN THIS SPAC	·c	
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134		-	3. Date Incorporated or Qualifed	E IN THIS SPAC	·E	
				ļ	02/16/1994			Ì
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied f	or
21		26		İ	65-0483196		Not Appl	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Ī	5. Certifcate of Status Desired	1 1	.75 Additio	
22	Company of the Company	27.			J. Certificate of Status Desirou	ابر	ee Required	
City & State	e	City & State		1	6. Election Campaign Financing	1 1	5.00 May E	
23		28	Country	<del> </del> -	Trust Fund Contribution		dded to Fee	s
Zip	Country	Zip 3	Country	1	<ol><li>This corporation owes the curre Personal Property Tax.</li></ol>	nt year intangible Ye⊟		. 1
24	9. Name and Address of Currer		<u> </u>	L	10. Name and Address of New Re			
	o. Haine and Abarbas of Garage		81 Name		D 1 -1 -1 1 -1			
TODI	D, LESLIE-A		82 Street		Ronald Krongold s (P.O. Box Number is Not Acceptate			
201-	ALHAMBRA CIRCLE		oz Street		ngold and Todd, P.J			
8TH-	FLOOR		83		· · · · · · · · · · · · · · · · · · ·			
COR	AL-GABLES FL 33134		84 City	<b>∠</b> 01	Alhambra Circle, 8		Zip Code	
			1 13	Cor	al Gables	. <b>PL</b> ) )	33134	
11. Pursuant office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	, the above-named horized by the corp la Statutes.	corpora oration's	tion submits this statement for the p s board of directors. I hereby accept	ourpose of chang the appointment	ing its regist t as registere	ered ed
	· //							
SIGNATURE		M. Romald	Krongold,	Regi	stered Agent	4/27/9	9	_
	Signature, typed or printed name of registered age		Krongold. egistered Agant signature	Regi	stered Agent sen reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
12.	OFFICERS AN	M. Ronald int and title if applicable. (NOTE: R ND DIRECTORS  DELETE		Regi required wi	stered Agent en reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN	
	OFFICERS ANDP	ND DIRECTORS	13.	Regired wi		ICERS AND DIR	ECTORS IN	12
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12. TITLE NAME	OFFICERS ANDP	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	Regined wi		ICERS AND DIR	ECTORS IN	12
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14. 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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.

RE Michonald-Krongold, Pres.

4/27/99 Date

305-446-3033

Daytime Phone