


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90116 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P94000037962**

1. Corporation Name

**V&VFH CORPORATION**

Principal Place of Business

 1400 NE 125 ST  
 N MIAMI BEACH FL 33161  
 US

Mailing Address

 21430 HIGHLAND LAKES BLVD  
 N MIAMI BEACH FL 33179  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

65-0994580

65-0494580

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.Yes ☐ No ☒

10. Name and Address of New Registered Agent

2. Principal Place of Business

 21  
Suite, Apt. #, etc.

2a. Mailing Address

 26  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

 WOLF, JORGE ESQ.  
 21430 HIGHLAND LAKES BLVD  
 N MIAMI BEACH FL 33179

81 Name

FLEISCHMAN, VICTOR

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

21430 HIGHLAND LAKES BLVD

83

84 City

N. Miami Beach

FL

85 Zip Code

33179

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

VICTOR FLEISCHMAN

(NOTE: Registered Agent signature required when reappointing)

3/19/99

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

 NAME D FLEISCHMAN, VICTOR  
 STREET ADDRESS 21430 HIGHLAND LAKES BLVD  
 CITY-ST-ZIP MIAMI FL

 TITLE ☐ DELETE

 NAME D FLEISCHMAN, VICTORINE  
 STREET ADDRESS 21430 HIGHLAND LAKES BLVD  
 CITY-ST-ZIP N MIAMI BEACH FL

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

(305) 892-9580

Date

Daytime Phone #

CR2E034 (1/98)