

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90058 037 ***150.00

DOCUMENT # P94000038723

1. Corporation Name

VEGA & VEGA ASSOCIATES, INC.

Principal Place of Business

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

9711 SW 11TH TERRACE
MIAMI FL 33174
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

65-0492914

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 Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1000 Ponce de Leon Blvd

22 Mailing Address

27 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 112

23 City & State

28 Coral Gables

24 Zip

25 FL 33134 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

VEGA, ALFONSO
9711 SW 11TH TERRACE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD VEGA, ALEX

NAME VEGA, ALEX
STREET ADDRESS 9711 SW 11TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE VD VEGA, ALFONSO

NAME VEGA, ALFONSO
STREET ADDRESS 9711 SW 11TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE STD VEGA, MARIANA

NAME VEGA, MARIANA
STREET ADDRESS 9711 SW 11TH TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Alfonso Vega, (305) 441-1822 3/30/99.

CR2E034 (4/1/98)