## 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

## FILED Jan 29 1997 8:00am Secretary of State

1997 DOCUMENT # P9400050986 (6)

V.S. REAL ESTATE INVESTMENTS, INC.

Principal Place of Business Mailing Address 5780 S.W. 8TH ST. 5780 S.W. 8TH ST. MIAMI FL 33144 MIAMI FL 33144-5034												
								3. Date Incorporated or Qualified 07/11/1994	3a. Date o	f Last Re 1996	eport	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address 26					4. FEI Number 65-0526262	Applied For Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired	□ <b>\$</b>	\$8.75 Additional Fee Required			
City & State 23	e	City & <b>28</b>	City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to		
Zip 24	Country 25	Zip <b>29</b>	30					8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes				
1.00	9. Name and Address of Curr	ent Registered A	gent		81	Nama	<del></del>	10. Name and Address of New Reg	istered Age	<u>nt</u>		
	ASCO, EUGENE ) S.W. 8TH ST.				01	Name						
*	7 S.W. 0111 ST. MI FL 33144				82	Street A	ddres	s (P.O. Box Number is Not Acceptab	e)			
inin'i	WI 1 E 00144				83							
					84	City			8	5 Zip (	ode	
				· · · · · · · · · · · · · · · · · · ·					FL			
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta in familiar with, and accept the ob- signaries typen or pointed name of registured.	ate of Florida, Sucligations of, Section and tile if applications	h change was on 607.0505, F	authorize Iorida Sta TE Registere	d by tutes	the corpo	oration	ation submits this statement for the p i's board of directors. I hereby accep when reinstating)	the appoint	ment as	registered	
12.	OFFICERS A	AND DIRECTORS	DELETE	13.	7. 5			ADDITIONS/CHANGES TO OFFIC		RECTOR Change	S IN 12 Addition	
TITLE NAME	VELASCO, EUGENE		F"" DECEIE	1.1 To					니	Change	LT MODITION	
STREET ADDRESS	5760 S.W. 8TH ST.					STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33144				1.4 CITY-ST-ZIP							
TOTLE	D		DELETE 2.11		1 TITLE		•	·····		Change	Addition	
NAME	SENDROS, THOMAS			2.2 N	AME							
STREET ADDRESS	5760 S.W. 8TH ST.			2.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33144		DELETE			ST-ZIP				Change	Addition	
TULE NAME			L Deterie	3 1 Ti 3.2 N				• •	لسا *	Citalige	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE			DELETE	4.1 Ti	ITLE					Change	Addition	
NAME				4.21	AME	]						
STREET ADDRESS				4.3 S	TREET	ADDRESS						
CITY- SI - ZIP			DELETE			T-ZIP				Db	T A A JUNE	
TIFLE			☐ DELETE	5.1 1		1			لسا	Change	Addition	
NAME				5.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZOF			DELETE	5.4 C 6.1 T		T-ZIP			П	Change	Addition	
NAME				6.2 N					L.u.l		2 MORITOR)	
STREET ADORESS						ADDRES\$						
City-S1-7IP						T-ZIP						
	i by cerlify that the information supp	lied with this filing	does not qua				ated in	Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the	

4. I do 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 of 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 attackment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 (305) 246-9687