FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:37

DOCUMENT # P94000060214 (1)

1. Corporation Name
V.B.F. CORPORATION

Principal Place of Business	Mailing Address
6421 SW 55TH STREET MIAMI FL 33155	6421 SW 55TH STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7325 N.W. 31 STREET	26 7325 N.W. 31 STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI	City & State 28 MIAMI
Zip 24 33122	Zip 29 33122
Country 25 USA	Country 30 USA

4. FEI Number: 65-0516233 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FIGUEREDO, VICENTE 6421 SW 55TH STREET MIAMI FL 33155	81 Name: FIGUEREDO, VICENTE 82 Street Address (P.O. Box Number is Not Acceptable): 6420 S.W. 54 STREET 83 84 City: MIAMI FL 85 Zip Code: 33155

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD XX Change ☐ Addition
NAME	FIGUEREDO, VICENTE	1.2 NAME	FIGUEREDO, VICENTE
STREET ADDRESS	6421 SW 55TH STREET	1.3 STREET ADDRESS	6420 S.W. 54 STREET
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI FL. 33155
TITLE	VSD	2.1 TITLE	VSD XX Change ☐ Addition
NAME	FIGUEREDO, BERNARDO	2.2 NAME	FIGUEREDO, BERNARDO
STREET ADDRESS	6421 SW 55TH STREET	2.3 STREET ADDRESS	6420 S.W. 54 STREET
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI FL. 33155
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Vicente Figueredo 1/25/95 (305) 599-1593
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT, OFFICER OR DIRECTOR — Date — Daytime Phone #

0100010 CP