FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000066530 (4) DOCUMENT #

1. Corporation Name

VINMAT ENTERPRISES, INC.

| | | | | | | | - | OOKI BOHE OI | | i illili dour soot |
|---|---|--|--|----------------|-------------------|--|---|--------------|-------------------------------|-----------------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| DAME CHY SIGT STREET 2440 S.W. 51ST STREET | | | | | | | | | | |
| FORT LAUDERDAL | LE FL 33312 | FORT U | FORT LAUDERDALE FL 33312 | | | 3. Date Incorporated or Qualified 09/06/1994 | | | | |
| | | | | | | | 4. FEI Number | <u> </u> | | Applied For |
| Principal Place o | f Business | ├ ~~¬ | 2a. Mailing Address 26 Suite, Apt. #, etc. | | | | 65-0522278 Not Applica \$8.75 Additiona | | | Not Applicabl |
| | | | | | | | | | | |
| Suite, Apt. #, etc | C. | 27 Strie, | Aqu. #, etc. | | | | 5. Certificate of 3 atta Boshoo | | | Required |
| | | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | | | |
| City & State | | 28 | | | | | Trust Fund Contribution | | | |
| Zip Country | | Zip | | | | | 8. This corporation has liability for | intangible i | ax under s | 133.002, |
| , | 25 | 29 | | 30 | | | Florida Statutes Yes 10. Name and Address of New I | | Agent | |
| 9 | Name and Address of C | urrent Registered / | Agent | | 81 | Name | 10. Name and Address 5 | | | |
| | | | | | 81 | | | h la) | | |
| FORTIER, GAETAN | | | | | 82 | Street Addr | eet Address (P.O. Box Number is Not Acceptable) | | | |
| 2440 S.W. | 51ST STREET | | | | | | | | | |
| FORT LAU | DERDALE FL 33312 | | | | | | 85 Zip Code | | | |
| | | | | | 64 | City | ration submits this statement for the p ird of directors. I hereby accept the ap | FI | _ | • |
| | nature: typed or printed hame of register | ed agent and the diapplicate AS AND DIRECTORS | | OTE: Registere | | 1 signature reduce | ad when remetaling) ADDITIONS/CHANGES TO OF | FICERS AN | ND DIRECT | ORS IN 12 |
| 2. | D | 13 ANI PERICO TO TE | DELETE | 1 1 | TITLE | | | | CI cusage | e [] Adolti |
| TLE AME | FORTIER, GAETAN | | | 121 | NAME | | | | | |
| TREET ADDRESS | 2440 S.W. 51ST STREE | ET | | 13 | STREET | ADDRESS | | | | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | _ 33312 | | | CITY - S TITLE | ST- ZIP | | | Chang | e 🔲 Addit |
| ITLE | D | | ☐ DELFTE | | NAME | | | | | |
| IAME | FORTIER, DENISE L | | | | | I ADDRESS | | | | |
| STREET ADDRESS | 2440 S.W. 51ST STRE | EI 99949 | | | | ST-ZIP | | | | - Addi |
| ITY - ST - ZIP | FORT LAUDERDALE F | L 33312 | DELETE | | THLE | | | | Chang | ge 🔲 Addi |
| ITLE | | | | 32 | NAME | 1 | | | | |
| LAME | | | | 3 3 | STHE | ET ADDRESS | | | | |
| STREET ADDRESS | | | | | | S' - 71P | | | Chan | ge 🔲 Add |
| TITLE | | | ☐ DELFTE | | 1 TIÍLE | | | | | |
| NAME | | | | | NAME | i i | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | C DELETE | _~ | 4 City 1 Tilul | ST-ZIF | | | ☐ Chan | nge 🔲 Add |
| TITLE | | | DELETE | | 2 NAM | | | | | |
| NAME | | | | | | ET ADDRESS | | | | |
| STREET ADDRESS | | | | | | - ST - ZIP | | . | | |
| CITY - ST - ZIP | | | DELETE | | 1 31ft | | | | Char | nge 🔲 Ado |
| TIFLE | | | | | 2 NAM | 1 | | | | |
| NAME | | | | | | EL ADDRESS | | | | |
| STREET ADDRESS | | | | 1 | | | | | | 4 at . doz. 1 6 dl |
| CHY-ST-ZIP | | The same of the Annual Control | o is voluntarily | furnished a | nd d | oes not quai | ify for the exemption stated in Section | 119.07(3)(k | .), Florida S logal effect | statutes. I furti as if made u |

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)(k). 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 certify 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

GNING OFFICER OF DIRECTOR

april 10 1996 (305) 964-1568