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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011370

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1. Corporation Name

VON ENTERPRISES, INC.

Mailing Address 7231 SW 42 STREET **7231 SW 42 STREET** MIAMI FL 33155 MIAM! FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/03/1995 FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0604368 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WITTMER, STEVEN T 82 Street Address (P.O. Box Number is Not Acceptable) 4651 PONCE DE LEON BLVD SUITE 200 **CORAL GABLES FL 33146** 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITI F VONKUEHLMAN, WILLIAM 1.2 NAME NAME 7231 SW 42 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CITY-ST-ZIP [] DELETE ☐ Addition 2.1 TITLE TITLE **VONKUEHLMAN, WILLIAM** 2.2 NAME NAME 7231 SW 42 STREET 2.3 STREET ADORESS STREET ADDRESS MIAMI FL 33155 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change

CITY-ST-ZIP 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 annual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on an annual report is true and accurate and that my name appears in

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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SIGNATURE:

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Feb 08, 1999 8:00am

Secretary of State

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