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Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90013 025 ***150.00

03-12-1999 90013 026 *****8.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013993

1. Corporation Name
V & M ALIGNMENT, INC.

Principal Place of Business

10351 SW 187 ST
MIAMI FL 33157

Mailing Address

10351 SW 187 ST
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

2. Principal Place of Business

21 10330 SW 187 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33157

Country

25 USA

2a. Mailing Address

26 10330 SW 187 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33157

Country

30 USA

4. FEI Number

65-0562559

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. PAID 2/10/99



Yes



No

9. Name and Address of Current Registered Agent

SPENCER, MARYELLEN
10351 SW 187 ST
MIAMI FL 33157

USE OLD REGISTERED
AGENT W/ NEW
ADDRESS.

10. Name and Address of New Registered Agent

81 Name VINCENT SPENCER

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

8961 SW 192 DR

83

84 City MIAMI

FL

85 Zip Code 33157

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 NAME STREET ADDRESS CITY-ST-ZIP

P SPENCER, VINCE

8961 SW 192 DR

MIAMI FL 33157

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP SPENCER, MARYELLEN

8961 SW 192 DR

MIAMI FL 33157

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

2/15/99 (305)251-1094

Date

Daytime Phone #

CR2E034 (1/98)