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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000034866

1. Corporation Name Vanyak Enterprises Inc

					1 ' .				
	ce of Business	Mailing Address					٠.		
	Alton Rd Suite 119		•	•					
Miami Beach, Fl. 33139						DO NOT WRITE IN THIS SPACE			
					3. Date Incorporate 5 - 4 - 9				
				· . ·		5	R .		
· · ·	Place of Business	2a. Mailing Addre	ss	''	4. FEI Number	·		oplied For	
21		26			65-057699	5 .		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required					
City & Sta	ite	City & State			6. Election Campa	gn Financing	\$5.00	May Be	
23		28			Trust Fund Conf	ribution	Added	to Fees	
Zip	Country	Zip		untry	E .	owes the current yes		-	
24	25	29	30	· ·	Personal Proper	 	∐Yes	□No	
 -	9. Name and Address of Current	Registered Agent	, ,	81 Name	10. Name and Add	ess of New Registe	ered Agent		
Juan	J Calvino -		-	81 Name	•		•		
633 85 Street				82 Street	2 Street Address (P.O. Box Number is Not Acceptable)				
Miami	Beach,Fl. 33141		•	83					
, ,		•] , ,		1			
		• •		84 City	•		FL 85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	a Statutes, the a	above-named	corporation submits this sta	ement for the purpos	se of changing its	registered	
office or r	registered agent, or both; in the State of am familiar with, and accept the obligation	f Florida. Such chang ons of, Section 607.0	e was authorize 505, Florida Sta	d by the corpo tutes.	oration's board of directors.	nereby accept the a	appointment as re	gisterea	
SIGNATURE	16-11-	/ " " "	,	. '		4/201	99		
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature re	equired when reinstating)	DAT	E /		
12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. DIRECTORS	. 13.		· · · · · · · · · · · · · · · · · · ·	NGES TO OFFICER			
	Signature, typed or printed name of registered agent s OFFICERS AND	and title if applicable.	13. LETE 1.1 T	INE	· · · · · · · · · · · · · · · · · · ·	NGES TO OFFICER	S AND DIRECTO	DRS IN 12	
12.	Signature, typed or printed name of registered agent a OFFICERS AND D/P Juan J Calvino	and title if applicable. DIRECTORS	13. LETE 1.1 T	ITLE IAME	· · · · · · · · · · · · · · · · · · ·	NGES TO OFFICER			
12.	Signature, typed or printed name of registered agent a OFFICERS AND DIP Juan J Calvino 633 85 Street	and title if applicable. DIRECTORS DE	13. LETE 1.1 T	INE	· · · · · · · · · · · · · · · · · · ·	NGES TO OFFICER			
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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 be 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, visit all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90014 029 ***150.00