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

CORPORATION ANNUAL REPORT



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

1996

P95000037263 (7)

DOCUMENT #

1. Corporation Name

VI - IV Principal Place 21745 SW 15 MIAMI FL 33	57 AVE.	Mailing Address 21745 SW 157 AVE. MIAMI FL 33170		
				3. Date Incorporated or Qualified   3a. Date of Last Report   05/10/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number  Y Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired     \$8.75 Additional     Fee Required
City & State		City & State		6. Flection Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees
<i>Z</i> (ρ <b>24</b>	Country 25	Z(p)	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Horida Statutes Yes \( \subseteq \text{Yes} \subseteq \text{No} \)
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent
21745 S	NA, HENRY SW 157 AVE. 'L 33170		<ul><li>82 Street Addr</li><li>83</li><li>84 City</li></ul>	ress (P.O. Bax Number is Not Acceptable)  FL 85 Zip Code
familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of R h, and accept the obligations of S Signature, typed or printed name of registrate	Jection 607.0505, Florida Statutes.	4 2 DINTIV	ration submits this statement for the purpose of changing its registered office rd of directors. Thereby accept the appointment as registered agent. Fam
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREE! ADDRESS CITY-ST-ZIP	QUINTANA, HENRY 21745 SW 157 AVE. MIAMI FL 33170	☐ DEFELE	1 1 TITLE 12 NAME 13 STHEET ANDRESS 14 CITY - STI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3 1 TI'LE 32 NAME 33. STHEET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 4 CHY ST ZP 4 1 THE 42 NAME 43 STREET ADDRESS	Change Addition
CITY-SJ-ZIP TITLE NAME STREEL ADDRESS		☐ DELE1E	4.4 City - ST- Z-P 5.1 Title 5.2 NAME 5.3 STREEL ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5 4 CITY - S1 - ZIP 6 1 TITLE 62 NAME 63 STREEL ADDRESS	☐ Crange ☐ Add-tion
14. I do hereby certify that oath; that i appears in	v certify that the information suppli the information indicated on this a am an officer or director of the Block 12 or Block 13 if changed,	led with this filing is voluntarily furnis annual report or supplemental annu- proportion of the receiver or trustee or an atachment with an addre	64011Y-SU-ZIP shed and does not qualify fo all report is true and accura enipowered to execute this iss.	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ale and that my signature shall have the same legal effect as if made under s report as required by Chapter 607, Florida Statutes; and that my name
SIGNAT	URE: SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICES	Y RUIN (X	ale and that my signature shall have the same legal effect as if made under streport as required by Chapter 607, Florida Statutes; and that my manie