

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90234 039 \*\*\*158.75

DOCUMENT # P95000041910

1. Corporation Name  
VINCON INVESTMENTS, INC.



Principal Place of Business

153 E. PALMETTO PARK RD.  
SUITE 177  
BOCA RATON FL 33432

Mailing Address

153 E. PALMETTO PARK RD.  
SUITE 177  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 P.O. Box 402702  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 402702  
Suite, Apt. #, etc.

22 City & State  
23 Miami Beach, FL  
Zip Country  
24 33140-0102 25 USA

27 City & State  
28 Miami Beach, FL  
Zip Country  
29 33140-0102 30 USA

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number  
65-0589292

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$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.

□

X

No

9. Name and Address of Current Registered Agent

SCRIVER, C  
153 E PALMETTO PK RD  
STE 177  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name De Leon, Kirk D. Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
17 NW 2nd Street  
83 Suite 218  
84 City Miami, FL 85 Zip Code 33128

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 DPT  
NAME SCRIVER, CONSTANCE  
STREET ADDRESS 153 E. PALMETTO PARK RD. #177  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VDS  
NAME SAGNELLA, VINCENT  
STREET ADDRESS 420 SW 18TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, V, S, T  
1.2 NAME SCRIVER, CONSTANCE  
1.3 STREET ADDRESS 4925 Collins Avenue; Suite #12E  
1.4 CITY-ST-ZIP Miami Beach, FL 33140

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: Constance Scriver / April 25, 1999 / 305-531-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0561779