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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056718 (6)

1. Corporation Name
VML ENTERPRISES, INC.

Principal Place of Business

905 S BAYSHORE DR
TOWER 2 SUITE 1622
MIAMI FL 33131

Mailing Address

905 S BAYSHORE DR
TOWER 2 SUITE 1622
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 905 BRICKELL BAY DR

Suite, Apt. #, etc.

22 1622

City & State

23 MIAMI, FL

24 33131

Country

25 US

2a. Mailing Address

26 905 BRICKELL BAY DR

Suite, Apt. #, etc.

27 1622

City & State

28 MIAMI, FL

29 33131

Country

30 US

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

65-0607270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VOLOVITZ, MICHAEL
905 S BAYSHORE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MICHAEL VOLOVITZ

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

905 BRICKELL BAY DRIVE

83 SUITE 1622

84 City

MIAMI

85 Zip Code

FL 33131

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 ☐ DELETE

NAME
D VOLOVITZ, MICHAEL
STREET ADDRESS
905 S BAYSHORE DR TOWER 2 SUITE 1622
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
D LYON, FRANK
STREET ADDRESS
905 S BAYSHORE DR TOWER 2 SUITE 1622
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
DPT MICHAEL VOLOVITZ
1.2 NAME
905 BRICKELL BAY DRIVE
1.3 STREET ADDRESS
MIAMI, FL 33131
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME
DVP LYON, FRANK
2.2 NAME
905 BRICKELL BAY DRIVE
2.3 STREET ADDRESS
MIAMI, FL 33131
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME
S JASON KUTZ
3.2 NAME
9020 NE 8TH AVE, # 3-D
3.3 STREET ADDRESS
MIAMI SHORES, FL 33138
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE: Michael Volovitz 3/14/98 (305) 868-5265

CP2E034 (10/97)