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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 08 1997 8:00am

Secretary of State

## DOCUMENT # P95000078992 (1)

VACH MARKETING & CONSULTING, INC.

Principal Place of Business Mailing Address  16445 OLD CUTLER ROAD 16445 OLD CUTLER ROAD									
16445 OLD CU MIAMI FL 3315		MIAMI FL 33157-2530	,						
						3. Date Incorporated or Qualified 10/13/1995		ate of Last Re /22/1996	port
2. Principal P	Place of Business	28. Mailing Address 26				4. FEI Number 65-0628935	Applied For Not Applicable		
Suite, Apt.	₩, elc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added to	
Zip 24	Country 25	Z(p)	Gountry 30				Yes	🔀 No	199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
	HUERDI, HERMINIO		31	Name					
	45 OLD CUTLER ROAD MI FL 33157		ē		Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		
			6	3					
			8	34	City		Fl	<b>85</b> Zip C	Sode
SIGNATURE	to the provisions of Sections 607,0507, registered agent, or both, in the State am familiar with, and accept the obligations signature typed or priored name of registered agents.	rand the dapple able (NOT	E Regislered /		the corporatio	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	CERS AN		
TITLE	PSD AIDA V	DELETE 1.13						Change	Addition
NAME .	CHAMBLESS, AIDA V 16445 OLD CUTLER ROAD		12 NAME 13 STREET ADDRESS		NDADCCC.				
STREET ADDRESS City-St-Zip	MIAMI FL 33157		14 DITY-ST-ZIP						
TITLE	VID	DELETE	21100		***			Change	Addition
NAME	VALHUERDI, HERMINIO	JERDI, HERMINIO 22		AE	İ				
STREET ADDRESS	16445 OLD CUTLER ROAD		2.3 STHEEL ADDRESS		ODRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2; 4 Ci1		- 7IP				
TITLE	}	☐ DELETE	3,1 1131					Change	Addition
NAME	]		3 2 NAM		I DDE GC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	<del> </del>	DELETE	3.4. CITY - 4.1 TITLE		/ 11.			Change	☐ Addition
NAME	<u> </u>		4.2 NA						
STREET ADDRESS					ADDRESS				
City-St-ZiP			4,4 0(1)						
TITLE				51 1IILE				Change	Addition
NAME			5.2 NAM	AF.					
STREET ADDRESS			5.3 STR	FF1#	ADDRESS				
CITY-ST-ZIP			54 CIT		- 7IP				
TITLE	DELETE G.1			E				Change	Addition

G 2 NAME

14. I do 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 Prock 13 if changed, or on an atjachment with an address.

aloskas