

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000093153 (1)**

1. Corporation Name

**V.L. SERVICES, INC.**



Principal Place of Business

Mailing Address

**8365 SW 152ND AVE #205  
 MIAMI FL 33193**

**8365 SW 152ND AVE #205  
 MIAMI FL 33193**

3. Date Incorporated or Qualified  
**12/06/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business  
 21 **15400 SW 73 LN #5**

2a. Mailing Address  
 26 **15400 SW 73 LN #5**

4. FEI Number  
**65-0625288**

Applied For  
 Not Applicable

22 **Miami FL**

27 **Miami FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **33193**

28 **33193**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **USA**

29 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTRO, VLADIMIR J  
 8365 SW 152ND AVE #205  
 MIAMI FL 33193**

31 Name **VICTOR CAÑETE**  
 32 Street Address (P.O. Box Number is Not Acceptable)  
**15400 SW 73 LN #5**  
 33  
 34 City **Miami** FL 33193

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**08-05-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  DELETE  
 NAME **CASTRO, VLADIMIR J**  
 STREET ADDRESS **8365 SW 152ND AVE #205**  
 CITY-ST-ZIP **MIAMI FL 33193**

11  Change  Addition  
 12 NAME **P Luis Eduardo CAÑETE**  
 13 STREET ADDRESS **15400 SW 73 LN #5**  
 14 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **DST**  DELETE  
 NAME **CASTRO, GRELIA**  
 STREET ADDRESS **8365 SW 152ND AVE #205**  
 CITY-ST-ZIP **MIAMI FL 33193**

21  Change  Addition  
 22 NAME **VICTOR CAÑETE**  
 23 STREET ADDRESS **15400 SW 73 LN #5**  
 24 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ST. VICTOR. CAÑETE**

**08-06-96** **386-13-61**

CR2E034 (3/96)