

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90006 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000093153
 Corporation Name

V.L. SERVICES, INC.



Principal Place of Business	Mailing Address
18 SW 112 PL	15400 SW 73RD LANE
MI, FL 33176	STE. 5
	MIAMI, FL 33193
	US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	Applied For
13518 SW 112 PL	26 13518 SW 112 P	12/06/1995	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
		65-0625288	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
MIAMI FL	MIAMI FL	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33176	33176	<input type="checkbox"/>	
Country	Country	8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
U.S.A.	U.S.A.		

9. Name and Address of Current Registered Agent
CANTE, VICTOR
B518 SW 112 PLACE
STE. 5
MIAMI FL 33193

10. Name and Address of New Registered Agent
 81 Name **CANETE VICTOR**
 82 Street Address (P.O. Box Number is Not Acceptable) **13518 SW 112 PL**
 83
 84 City **MIAMI FL** 85 Zip Code **33176**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **9/7/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P CANETE, LUIS EDUARDO 15400 SW 73RD LANE, STE 5 MIAMI FL <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P CANETE LUIS 13518 SW 112 PL MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST CANETE, VICTOR 15400 SW 73RD LANE, #5 MIAMI FL <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ST CANETE VICTOR 13518 SW 112 PL MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in 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: *[Signature]* DATE: **9/7/99** 305-969-0566
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (5/99)