

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

APPROVED  
AND  
FILED

97 APR 18 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000008904</b>			
1. Corporation Name <b>VFM Enterprises, Inc.</b>			
Principal Place of Business <b>17111 N.W. 43rd Ave Miami, FL 33055</b>		Mailing Address <b>Same</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent <b>Victor F. Mendoza 17111 NW 43 Ave. Miami, FL 33055</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
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 authorized to accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE: <b>Victor F. Mendoza</b>		DATE: <b>4/17/97</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <b>President</b>		1.1 TITLE	
12.2 NAME <b>Victor F. Mendoza</b>		1.2 NAME	
12.3 STREET ADDRESS <b>17111 NW 43 Ave.</b>		1.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP <b>Miami, FL 33055</b>		1.4 CITY-STATE-ZIP	
12.5 TITLE <b>Vice President</b>		2.1 TITLE	
12.6 NAME <b>Frank M. Martinez</b>		2.2 NAME	
12.7 STREET ADDRESS <b>5541 NW 174 Dr.</b>		2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP <b>OPA-Lock, FL 33055</b>		2.4 CITY-STATE-ZIP	
12.9 TITLE <b>Treasurer</b>		3.1 TITLE	
12.10 NAME <b>Felix M. Acosta</b>		3.2 NAME	
12.11 STREET ADDRESS <b>6672 SW 135 St.</b>		3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP <b>Miami, FL 33183</b>		3.4 CITY-STATE-ZIP	
12.13 TITLE		4.1 TITLE	
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
12.17 TITLE		5.1 TITLE	
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
12.21 TITLE		6.1 TITLE	
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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: <b>Victor F. Mendoza</b>		DATE: <b>4/17/97</b>	

CR2E034 (9/96)