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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017512 (0)

VICEMIL, INC.

Principal Place of Business Mailing Address 8405 NW 8 STREET, APT, 310 8405 NW 8 STREET, APT. 310 MIAMI FL 33126 MIAMI FL 33126-3736 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 2ω Country Zipi Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOTO, HECTOR J 8405 NW 8 STREET, APT. 310 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33126** 83

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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

City

SIGNATURE Signature, typical or preced name of registered agent and life if hpplicable (NOTE: Repistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. ____ Addition ☐ Change TITLE **DPST** 🔲 DELETE 1.1 TITLE POUSA DIAZ, EMILIO A 1.2 NAME NAME 8405 NW 8 STREET, APT. 310 STREET ACCORESS 1.3 STREET ADDRESS MIAMI FL 33128 1.4 CITY - ST - ZIP E In ST Zif Change Addition DELETE THEE 2.1 TITLE NAV: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2. 4 CITY-ST-ZIP DELETÉ Change ☐ Addition TILE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY -ST-725 DELETE ☐ Change ☐ Addition 4.1 TITLE TIFLE NAME 4 2 NAME \$185 F APDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST 20 DELETE 51 TITLE Change Addition TIFLE 5.2 NAME NAME STEEL! ACCRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP C(f) - S7 -Change Addition DELETE $1 \sqcup 1 \in$ 6.1 TITLE NAME: 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST- ZIP COLY - ST - 706

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 enformation indicated on this 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 difference or the receiver or may be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 12 or Block. 13 of chaptering, or on an attack merchanism.

SIGNATURE:

TURE AND THE OF SIGNARY OFFICER OR ORECTOR PRESENT

(305)3850442

Zip Code

85

FILED

Feb 28 1997 8:00am

Secretary of State