## 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 # P96000019147 (3)

VMLSJ INC.

Principal	Place c	f Business
-----------	---------	------------

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State



10824 AVENIDA SANTA ANA BOCA RATON FL \$3498		10624 AVENIDA SANTA ANA BOCA RATON FL 33498-6713							
						3. Date incorporated or Qualified 03/01/1996	3a. Date of La	st Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
21		26		65-0649013		Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be			
23		28		Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29				Florida Statutes 🔼 Yes 🗌 No			
<del></del>	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	stered Agent		
MIC	CIANTVONO, VINCENT		1	H N	ame				
10624 AVENIDA SANTA ANA BOCA RATON FL 33498			8	32 S	reet Addre	Address (P.O. Box Number is Not Acceptable)			
			1	13					
			١,	<u>.</u>	• • •		12-1	7in Code	
	·		1	64 C	ιy		FL  85	Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agont, or both, in the State om m familiar with, and accept the obligat	f Florida. Such change was a	authorized	by the	med corp corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changi t the appointmen	ng its registered t as registered	
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent sig	mature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE			1.1 117L 1.2 NAM			Change Add			
RAME	VINCENT MICCIANTUONO								
STREET ADDRESS	Bow Raton FLA 33498			EET ADD					
CITY-ST-ZIP	Secontary DELETE 21			- \$1 - ZIF	,		[ ] Char	nge Addition	
TITLE	MARSHA KORNMEH   DELETE					Change A		ige L. Housion	
NAME				2.2 NAME				i	
STREET ADDRESS	Born Boston Flu	321.00/		2.3 STREET ADDRESS					
CITY-ST-ZIP				Y-S1-ZI	P	Change		nge Addition	
TITLE	la l						L. Cilai	ige 🗀 Abosium	
NAME	Aprohau Cambian			le 				]	
STREET ADDRESS				OCA TEE				1	
CITY-ST-ZIP			3.4. CIT	7-ST-ZI	P		Char	ige Addition	
TITLE	C) Valli						L.J Ulla	ige C Modition	
NAME OTOSET ADDRESS			4. 2 NAI		arec			1	
STREET ADDRESS				FFT ADD				İ	
CITY-ST-ZIP TITLE	DELETE		4.4 GHS 5.1 TITL	- ST - ZH	<u>' -                                   </u>		Char	ige Addition	
NAME	L_I Utili it		5.1 INC			Crian		igo	
					200				
STREET ADDRESS				EE1 ADD					
CITY-ST-ZIP TITLE		☐ DELETE	5.4-CITS 6.1 TITL	- ST - ZIF	<u>'   </u>		☐ Char	nge 🔲 Addition	
							LI Ulla	iAc T VOOITINI	
NAME			6.2 NAM						
STREET ADDRESS	8			F1 AOD				į	
CITY-ST-ZIP			6.4 City	'-\$1-ZIF	, ]			į.	

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 Block 13 if changed, or on an attachment with an address.