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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019147 (3)

VMLSJ INC.

rincipal Place of Business	Mailing Address
10624 AVENIDA SANTA ANA	10624 AVENIDA SANTA ANA
BOCA RATON FL 33498	BOCA RATON FL 33498

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1996 2. Principal Place of Business 4. FEL Number 2a. Mailing Address Applied For 65-0649013 Not Applicable 21 26 Suite, Apl. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MICCIANTVONO, VINCENT 10824 AVENIDA SANTA ANA Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 84 City Zip Code 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or pointed harne of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MICCIANTVONO, VINCENT NAME 1.2 NAME 10624 AVENIDA SANTA ANA 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 14 CITY-ST-ZIP CHY-SI-ZIP DELETE 2.1 THILE TITLE KORNNEH, MARSHA NAME 2.2 NAME 10624 AVENIDA SANTA ANA 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE GOLDSTEIN, ABRAHAM 3 2 NAME NAME 10558 E CLAIRMONT CIRCLE, A-308 3 3 STREET ADDRESS STREET ADDRESS TAMARAC FL 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THILE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 71P DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIE

14. Thereby 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 supplier with this limit book provided the receiver of the exemptor state in Section 19-07 (3)), Florida Statutes. Intitle Certify 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, order an attachment with an address.

GNATURE:

**Comparison of the exemptor of the exemptor

SIGNATURE:

561-640-6455

CR2E034 (10/97