SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036382

1. Corporation Name

VILAC, INC.

Principal Place of Business: 9651 SW 123RD AVE. MIAMI, FL. 33186

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/96
4. FEI Number: 65-0727727 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
- 21 1423 SW 84 ST.
- 22 Suite, Apt. #, etc.
- 23 City & State: MIAMI, FLORIDA
- 24 Zip: 33183
- 25 Country: U.S.A.

2a. Mailing Address
- 26 1423 SW 84 ST.
- 27 Suite, Apt. #, etc.
- 28 City & State: MIAMI, FLORIDA
- 29 Zip: 33183
- 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

VIVES, MANUEL
9651 SW 123RD AVE.
MIAMI, FL. 33186

10. Name and Address of New Registered Agent
- 81 Name: VIVES, MANUEL
- 82 Street Address (P.O. Box Number is Not Acceptable): 1423 SW 84 ST.
- 83
- 84 City: MIAMI FL
- 85 Zip Code: 33183

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] MANUEL VIVES - PRESIDENT 9/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	VIVES, MANUEL	
STREET ADDRESS	1423 SW 84 ST.	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE	D	☐ DELETE
NAME	VIVES, MARGARITA	
STREET ADDRESS	1423 SW 84 ST.	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	LACOUTURE, ALFREDO	
1.3 STREET ADDRESS	1423 SW 84 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33183	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	LACOUTURE, MONICA	
2.3 STREET ADDRESS	1423 SW 84 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33183	
3.1 TITLE	300002657803	☐ Change ☐ Addition
3.2 NAME	-10/07/98--01060--029	
3.3 STREET ADDRESS	***550.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	10/7	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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 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.

SIGNATURE: [signature] MANUEL VIVES - PRESIDENT 9/29/98 (305) 753-9688