SECOND NOTICE: CORPORÁTION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR SEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9600(VTON, INC.	0046312 (0)			! IEE/IEE/ IEE/IEE/ IEE/IEE/IEE/IEE/IEE/I) (
<u></u>			**************************************			
Principal Place of Business Mailing Address					(100 100 100 100 100 100 100 100 100 10	r malit dini dinit dulit dulit dine sited i
1285 W. 72ND STREET 1285 W. 72ND STREET HIALEAH FL 33014 HIALEAH FL 33014						
TIMEENT L SOIT					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/24/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				65-0672515	Not Applicable
Sulte, Apt.	Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22					O. Commode of Olding Boshed	Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country Zip Co		Country		Trust Fund Contribution	
24			30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curren		1001		10. Name and Address of New Reg	· · · · · · · · · · · · · · · · · · ·
NEWTON, CHRIS				Name		
1285 W. 72ND STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptab	
HIALEAH FL 33014			83	1	<u> </u>	
				<u> </u>		
			84	City	FL 85 Zip Code	
11. Pursuant office or i agent. I a SIGNATURE					rporation submits this statement for the pr alion's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
40	Signature, typod or printed name of registered age			ent signature req	uired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS DELETE		13.	T-	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	NEWTON, CHRIS		1.2 NAME			C starile C toward
STREET ADDRESS	1285 W. 72ND STREET		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAI CAU CL 00044		1.4 CITY-1	ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		·	☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CITY-	ST-ZIP		D Observe D Addition
TITLE	MIYORJA, JIMMY H	[_] DELETE	3 1 TITLE			Change Addition
NAME Street address	1285 W. 72ND STREET		3.2 NAME	LADDOCCC		
CITY-ST-ZIP	HIALEAH FL 33014		3.3 SINCE	T ADDRESS		
TITLE		DELETE	4.1 DITLE	31*211		Change Addition
NAME			4 2 NAME			- • -
STREET ADDRESS			4.3 STREET	1 ADDRESS		
CITY-ST-ZIP			4.4 City - 9	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE			Change Addition
NAME OTREET ADDRESS			6.2 NAME	r annonces		
i '				T ADDRESS		
CITY-ST-ZIP	l		6.4 CITY - 9	51-ZIY		

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 eath; 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 clock 13 to change deep or an attachment with an address.

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CR2E034 (4/97)

FILED

Jul 22 1997 8:00am

Secretary of State