FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90178 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600050246

1. Corporation Name

VECTOR LATINA, INC.

Principal Place	e of Business	Mailing Address) 5(III 56II 5 II II	
700 S. JOHN RODES BLVD. 700 S. JOHN RODES BLV					1		
SUITE A-1					DO NOT WRITE IN THIS SPACE		,
MELBOURNE FL 32904 MELBOURNE FL 32904					3. Date Incorporated or Qualifed		
					06/12/1996		ļ
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	ace of Dusiness	26			59-3400111	Not	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Rec	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		\
24	25	29 30	<u>) </u>		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of New Registered	Agent	
LANG	CILIA IOUN		"	Name			
KANCILIA, JOHN 1686 W. HIBISCUS BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		1
MELBOURNE FL 32901			83				
MECI	DOORING TE 32301		63				
			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was auth	ionzed by	the corporation	on's board of directors. I hereby accept the appo	intment as reg	gistered
•	in familiar with and docopt the obligati	0110 01, 0000001 00110-00, 100000					• [
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature require	d when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RUSSELL, BRYAN G		1.2 NAME				\
STREET ADDRESS	700 S. John Rodes Blvd., Si	TE. A-1	1.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	MELBOURNE FL 32904		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			2.1 TITLE			☐ Criange	- Addition
NAME			2.2 NAME]			1
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			2 4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE !	_		3.1 TITLE 3.2 NAME	{			
NAME			ŀ	T.4000000			
STREET ADDRESS			I -	T ADDRESS			{
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	51-ZIP		Change	Addition
TITLE	_		4.0 (10CE 4 2 NAME		•		_
NAME				T ADDRESS			
STREET ADDRESS			B				}
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	01-ZIP		☐ Change	☐ Addition
TITLE		C DESERT	5.2 NAME				-
NAME OTDEET ANDDESS				TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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, with all other like empowered.