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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

VILDEMAN IMPORT INC.						
Mailing Address						
13255 NW 8TH LN. MIAMI FL 33182						
_	13255 NW 9TH LN.					

**FILED** May 01 1998 8:00am Secretary of State

1		00063383 (9)				
VILUEN	IAR IMPORT INC.					
Principal Plac	e of Business	Mailing Address			- 1 120 (100 till 1414) Billi Bolli Dilli Dilli Dilli Dilli	TARE 14100 TIPEL TRUE 1944 1961
13255 NW 9TH LN. MIAMI FL 33182		13255 NW 9TH LN. MIAMI FL 33182		DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified	3 OF AOL
					07/29/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			65-0696138	Not Applicable
	Suite, Apt. #, etc Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country	<i>'</i>	8. This corporation owes or has paid the o	
24	25   9. Name and Address of Cu		30		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
11.4	<del></del>	Arteria (10gletolog Agent	81	Name	10. Harris and Realists of New Hogisters	o Ayont
	NSO, TONY					
9730 NW 4 LN. MIAMI FL 33172			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
WIL	WII 1 L 55 17 E		83		· · · · · · · · · · · · · · · · · · ·	
			-	03.		Teel 7: 0-4-
			84	City	F.	L 85 Zip Code
agent. I a SIGNATURE	im familiar with, and accopt the o	obligations of, Section 607.0505, Flo	orida Statute	S.	tion's board of directors. I hereby accept the a	
TITLE	D	DELETE	1.1 TOTLE		ADDITIONS/OFFANGES TO OFFICERS AF	Change Addition
NAME			1.2 NAME	1		
STREET ADDRESS 13255 NW 9TH LN.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-S			
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME	Į.		22 NAME			
STREET ADDRESS	IORESS		23 STREET	ADDRESS		:
CITY-ST-ZIP			2 4 CiTY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-5	S1 - ZIP		Change Addition
NAME			4 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE			5.1 TITLE			Change Addition
NAME	1		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - S	T - ZIP		
TITLE			6.1 TITLE			Change  Addition
NAME			6.2 NAME	ļ		
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	T-71P		

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 suppliemental armual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped; or on an attachment with an address.