FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUN 24 PM 12: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000072865 (4)**

1. Corporation Name
V.M.S. SERVICES, INC.

Principal Place of Business
1820 N.E. 163 STREET
SUITE 206
NORTH MIAMI BEACH FL 33162

Mailing Address
1820 N.E. 163 STREET
SUITE 206
NORTH MIAMI BEACH FL 33162-4801

3. Date Incorporated or Qualified: **09/03/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address c/o SIERRA
26 6618 S.W. 41st STREET
Suite, Apt. #, etc. 27
City & State 28 DAVIE FLORIDA
Zip 29 33314 Country 30 USA

4. FEI Number EIN # 65-071-6663 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SIERRA, VICTOR M
6618 S.W. 41 STREET
DAVID FL 33314

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	SIERRA, VICTOR	
STREET ADDRESS	1820 N.E. 163 STREET, SUITE 206	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VSD	☐ DELETE
NAME	SIERRA, LYNDA	
STREET ADDRESS	1820 N.E. 163 STREET, SUITE 206	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	500002224945	☐ Addition
2.2 NAME	-06/27/97--01018--020	
2.3 STREET ADDRESS	****165.00 ****165.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 (9/96)

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 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: [illegible] 305-932-7949