

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000089485 (2)**

1. Corporation Name  
**VECTOR ENTERPRISES OF MIAMI, INC.**



Principal Place of Business  
**1202 COLUMBUS BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**1202 COLUMBUS BLVD.  
CORAL GABLES FL 33134-2314**

3. Date Incorporated or Qualified **10/30/1996** 3a. Date of Last Report

2. Principal Place of Business <b>3900 N. W. 79TH AVENUE</b>	2a. Mailing Address <b>3900 N. W. 79TH AVENUE</b>	4. FEI Number <b>65-0703983</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc. <b>SUITE NO. 560</b>	26 Suite, Apt #, etc. <b>SUITE NO. 560</b>	5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required	
22 City & State <b>MIAMI, FL. 33166</b>	27 City & State <b>MIAMI, FL. 33166</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23 Zip <b>33166</b>	28 Country <b>U. S. A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLIVEIRA, ALDERICO G  
1202 COLUMBUS BLVD.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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 *Alderico G. Oliveira* **OLIVEIRA, ALDERICO G.** **01/21/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVEIRA, ALDERICO G</b>	1.2 NAME	
STREET ADDRESS	<b>1202 COLUMBUS BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVEIRA, DANIEL G</b>	2.2 NAME	
STREET ADDRESS	<b>1202 COLUMBUS BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARROSO, HENRIQUE</b>	3.2 NAME	<b>CALDAS, JR., LEO</b>
STREET ADDRESS	<b>1202 COLUMBUS BLVD.</b>	3.3 STREET ADDRESS	<b>9501 FONTAINEBLEAU BLVD BG 3 #307</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>NADER, MARELISIO A.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>9621 FONTAINEBLEAU BLVD BG 14 #302</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Alderico G. Oliveira* **OLIVEIRA, ALDERICO G.** **01/21/97 (305)406-9407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)