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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 25 1998 8:00am Secretary of State

V AND	O M. INC. De of Business ITH TERRACE	Mailing Address 7345 NW 79TH TERRACI MEDLEY FL 33166-2211			DO NOT WRITE IN TO		
2. Principal F	Place of Business	2a. Mailing Address			11/13/1996 4. FEI Number		Applied For
21	26		, n = .		65-0710672		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	<del></del>		
Zip	Country	28 Zip	Cou	ntry	Trust Fund Contribution   B. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Register	ed Agent	
	VZQUEZ, MANUEL E						
9315 SW 125TH TERRACE MIAMI FL 33176				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
(71)	INMITE 33170			63			
				84 City	<del></del>	85	Zip Code
					F	<b>`L</b>  °°	
SIGNATURE	Signature, typed or printed name of registered ag				ation's board of directors. I hereby accept the  ulrad when reinslating)  ADDITIONS/CHANGES TO OFFICERS.	E	
TITLE	D	DELETE 1.11		LE		Chan	ge Addition
NAME	VAZQUEZ, MANUEL E		1.2 NA	···- {			
STREET ADDRESS	7345 NW 79TH TERRACE MEDLEY FL 33166-2211			REET ADDRESS			
CITY-ST-ZIP TITLE	D MEDLET PL 33100-2211	DELETE	2.1 TJ	TY-ST-ZIP		Chan	ge 🔲 Addition
NAME	MORENO, RUBEN		2.2 NA	)			go <u></u>
STREET ADDRESS	7345 NW 79TH TERRACE			reet address			
CITY-ST-ZIP	MEDLEY FL 33166-2211		2. 4 CI	TY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TIT	LE		Chan	ge 🔲 Addition
NAME	MOLINS, WANDA		3.2 NA	ì			
STREET ADDRESS	7345 NW 79 TERR MEDLEY FL			REET ADDRESS			
CITY-ST-ZIP	MEDLET FL	DELETE		TY-ST-ZIP		☐ Chan	ge Addition
TITLE NAME			4.1 TD 4.2 N	i		- Vilan	an monthall
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	1		1	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE		Chan	ge 🔲 Addition
TITLE NAME		☐ DELETE	5.1 TIT 5.2 NA	l l		Chan	ge Addition
		☐ DELÉTE	5.2 NA	l l		Chan	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NA 5.3 ST 5.4 CI	ME REET ADDRESS TY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELÉTE	5.2 NA 5.3 ST 5.4 CI 6.1 TI	ME REET ADDRESS IY-ST-ZIP LE		Chan	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.2 NA 5.3 ST 5.4 CF 6.1 TH 6.2 NA	ME REET ADDRESS IY-ST-ZIP LE ME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NA 5.3 ST 5.4 CI 6.1 TH 6.2 NA 6.3 ST	ME REET ADDRESS IY-ST-ZIP LE			

indicated on this annual report or supplemental annual reports 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 networks 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 attaching with in address. (305)885-9761