Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90078 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015318

1. Corporation Name

VINHIL, INC.

•••••	• •						
Principal Place	e of Business	Mailing Address			T	101 1100 11101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1801 N CONGR	ESS AVE	1801 N CONGRESS AVE					
		WEST PALM BEACH FL 3340	3401		DO MOTIMOTE IN T	10.004.05	
		US		DO NOT WRITE IN TH	15 SPACE	-	
					02/13/1997		
					4. FEI Number	I An	plied For
2. Princips I Place of Business 2a. Mailing Address		·			65-0756385)	Applicable
		26	Ant # atc		03-07-00303	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	II
22		City & State			- Fluir Oi Fi-ansina		
¬ 0,000 c c c c c c c c c c c c c c c c c		├	x State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23	Court to	Zip	Country		This corporation owes the current year		
Zip	Country	— · —	- -, ·		Personal Property Tax.	Yes	□No
24	25		0		10. Name and Address of New Registers		-=
Name and Adcress of Current Registered Agent ZARETSKY, RICHAR			81	Name			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1655 PALM BEACH LAKES BLV, SUITE WEST PALM BEACH FL 33401		E 900	"	0.0007.00			
			83				
11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			84	City		85 Zip C	5 ode
				ļ -		L	
SIGNATUFE	Signature, typed or printed name of registered agen	. 	<u> </u>	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS		 F:S IN 12
12		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	LAWSON, VINCENT		12 NAME 13 STREET ADDRESS) ,	_
NAME							1
STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP		<u> </u>	Change	☐ Addition
TITLE	_		2.1 TITLE				
NAME	LAWSON, HILLARY		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				[
CITY-ST-ZIP			2 4 CITY-	ST-ZIP		Change	Addition
TITLE			3 1 TITLE			ogo	
NAME			3.2 NAME				
STREET ADDRE 3S				TADDRESS)			
CITY-ST-ZIP			34 CITY-1	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4 1 TITLE	Į.	-		
NAME "			4 2 NAME				
STREET ADDRE 3S			1	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			- Survigo	
NAME				TADDRESS			
STREET ADDRE 3S							
CITY-ST-ZIP		CI SCUTTE	5.4 CITY-S 6.1 TITLE	1-21-		Change	Addition
TITLE		☐ DELETE	6.2 NAME				
NAME			U.Z INAVIE	1			,

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ていらひ ロノ YPED OR FRINTED NAME OF SIGNING OFFICEF 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 eath; 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 charged, or on an attach nent with an address, with a lother like empowered.