

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90205 015 ***150.00

DOCUMENT # P97000043314

1. Corporation Name
VANY ENTERPRISES, INC.

Principal Place of Business
7968 S.W. 8TH STREET
MIAMI FL 33144

Mailing Address
7968 S.W. 8TH STREET
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

65-0752860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business:

21 Vany Enterprises, Inc.

2a. Mailing Address

26 13800 SW 8 ST

Suite, Apt. #, etc.

22 3631 SW 139 CT

Suite, Apt. #, etc.

27 # 217

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33175

Country

25 USA

Zip

29 33184

Country

30 USA

9. Name and Address of Current Registered Agent

LORIGA, MARIA C
7968 S.W. 8TH STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

Mania C. Long

82 Street Address (P.O. Box Number is Not Acceptable)

13800 SW 8 ST

83

Suite 217

84 City

Miami

FL

85 Zip Code

33184

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 signature required when reinstating)

DATE

4.27.99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LORIGA, MARIA C
STREET ADDRESS 7968 S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33144

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

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 V
1.3 STREET ADDRESS Manuel Long
1.4 CITY-ST-ZIP 13800 SW 8 ST, Suite 217
Miami, FL 33184

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.99

Date

(305) 220-5163

Daytime Phone #

CR2E034 (11/98)

0216385