

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000063301 (0)**  
1. Corporation Name

**V.E.A. I CORPORATION**

Principal Place of Business

**301 GOLDEN ISLES DR #311  
HALLANDALE FL 33009**

Mailing Address

**301 GOLDEN ISLES DR #311  
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1997**

4. FEI Number

**65-0769008**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ASCHKAR, VICTOR E  
301 GOLDEN ISLES DR #311  
HALLANDALE FL 33009**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ASCHKAR, VICTOR E</b>	
STREET ADDRESS	<b>301 GOLDEN ISLES DR #311</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MONDAZZI, MARUJA A</b>	
STREET ADDRESS	<b>301 GOLDEN ISLES DR #311</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

FILED  
Aug 07 1998 8:00am  
Secretary of State



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8-7

6/29/98

(305) 865-7042

**V. E. A I Corp.**

956 Normandy Dr.  
Miami Beach, FL 33141  
(305)-865-7042

(2)

July 27, 1998

Florida Department of State  
Division of Corporations  
Annual Reports Filings Management  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please take the time to read this letter. It is directed to the person in charge of this matter. After my last contact with Sandy within your office, I was advised to write you this letter and ask to make the proper adjustment to this account. My apology, the fact is that I received the **1998 Profit Corporation Annual Report** packet on 6/30/98. The packet stated that the fee is \$550 dollars with includes \$400 dollars late fee. I would like you to know that I have not received any notices before this one. I do not know how or why. Since that is our first year in business and with no prior experience I would of contact you even if I did not receive the notice. I would send you payment even tough I do not have the proper form.

I ask you to consider this and make the adjustment. I have enclosed a payment. If you desire any additional information please contact me at telephone number listed above

Sincerely,



Victor Achkar  
President/Manager