

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000067003 (8)**

1. Corporation Name

**V & A HOME INVESTORS, INC.**



Principal Place of Business <b>2323 ROYAL OAKS BLVD. KISSIMMEE FL 34744</b>	Mailing Address <b>2323 ROYAL OAKS BLVD. KISSIMMEE FL 34744</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3473235</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VELAZQUEZ, RAMON L 2323 ROYAL OAKS BLVD. KISSIMMEE FL 34744</b>				10. Name and Address of New Registered Agent	
81	Name	<b>VELAZQUEZ, RAMON L.</b>			
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1925 BEN HOAGAN CR.</b>			
83					
84	City	<b>ORLANDO</b>	85	Zip Code	<b>FL 32808</b>

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 *Ramon L. Velazquez* DATE **3/10/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VELAZQUEZ, RAMON L</b>			12 NAME	<b>VELAZQUEZ, RAMON L.</b>		
STREET ADDRESS	<b>2323 ROYAL OAKS BLVD.</b>			13 STREET ADDRESS	<b>1925 BEN HOAGAN CR.</b>		
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>			14 CITY-ST-ZIP	<b>ORLANDO, FL. 32808</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALSINA, VICTOR A</b>			22 NAME			
STREET ADDRESS	<b>2323 ROYAL OAKS BLVD.</b>			23 STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE: *Ramon L. Velazquez*

CR2E034 (10/97)