## 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

## DOCUMENT # **P97000086275**1. Corporation Name

V.A.A.C., INC.

11/11/10/11 1110

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90071 007 \*\*\*150.00



| Discipal Place of Puriness  |                                |                                       |             |   |  |
|---|--------------------------------|---------------------------------------|-------------|---|--|
| Principal Place of Business Mailing Address   |                                |                                       |             |   |  |
| 505-SW 102ND AVENUE<br>MIAMI FL 33174   |                                | 505-SW 102ND AVENUE<br>MIAMI FL 33174 |             |   | DO NOT WRITE IN THIS SPACE                           |
|   |                                |                                       |             |   | 3. Date Incorporated or Qualifed 10/07/1997          |
| 2. Principal Pl   | lace of Business               | 2a. Mailing Address                   |             |   | 4. FEI Number Applied For                            |
| 21  |                                | 26                                    |             |   | 65-0793937 Not Applicable                            |
| Suite, Apt. #, etc.   |                                | Suite, Apt. #, etc.                   |             |   | 5. Certificate of Status Desired  \$8.75 Additional  |
| 22  |                                |                                       |             |   | Fee Required   |
| City & State  |                                | City & State                          |             |   | 6. Election Campaign Financing \$5.00 May Be         |
| 23  |                                | 28                                    |             |   | Trust Fund Contribution Added to Fees                |
| Zip   |                                |                                       | Countr<br>□ | У   | 8. This corporation owes the current year Intargible |
| 24  | 25                             | 29 30                                 | )           |   | Personal Property Tax.                               |
| · · · · · · · · · · · · · · · · · · ·   | 9. Name and Address of Current | Registered Agent                      | 81          | Name  | 10. Name and Address of New Registered Agent         |
| CRUZ, VICTOR A  |                                |                                       |             | Traine  |  |
|   | SW 102ND AVENUE                |                                       |             | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| MIAMI FL 33174  |                                |                                       |             |   |  |
| 17117 111   |                                |                                       | 83          | 1   |  |
|   |                                |                                       | 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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |                                |                                       |             |   |  |
| 12.   | OFFICERS AND                   |                                       | 13.         |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |
| TITLE   | DPTS                           | ☐ DELETE                              | 1.1 TITLE   |   | ☐ Change ☐ Addition                                  |
| NAME  | CRUZ, VICTOR A                 |                                       | 1.2 NAME    |   |  |
| STREET ADDRESS  | 505-SW 102ND AVENUE 1.34       |                                       | 1.3 STREE   | ET ADDRESS  | ESS  |
| CITY-ST-ZIP   | MIAMI FL 33174 1.40            |                                       | 1.4 CITY-   | ST-ZIP  |  |
| TITLE   |                                | ☐ DELETE                              | 2.1 TITLE   |   | Change C Addition                                    |
| NAME  |                                |                                       | 2.2 NAME    |   |  |
| STREET ADORESS  |                                |                                       | 2.3 STREE   | ET ADDRESS  | ess .  |
| CITY-ST-ZIP   | 2.41                           |                                       | 2. 4 CITY-  | ST-ZIP  |  |
| TITLE   | ☐ DELETE 3.1 TI                |                                       | 3.1 TITLE   |   | ☐ Change ☐ Addition                                  |
| NAME  |                                |                                       | 3.2 NAME    |   |  |
| STREET ADDRESS  |                                |                                       | 3.3 STREE   | T ADDRESS   | ess  |
| CITY-ST-ZIP   |                                |                                       | 3.4. CITY-  | ST-ZIP  |  |
| TITLE   |                                | ☐ DELETE                              | 4.1 TITLE   |   | ☐ Change ☐ Addition                                  |
| NAME  |                                |                                       | 4. 2 NAME   | <u> </u>  |  |
| STREET ADDRESS  |                                |                                       | 4.3 STREE   | ET ADDRESS  | ESS  |
| CITY-ST-ZIP   |                                |                                       | 4.4 CITY-   | ST-ZIP  | Chara C Addition                                     |
| TITLE   |                                | ☐ DELETE                              | 5.1 TITLE   |   | ☐ Change ☐ Addition                                  |
| NAME  |                                |                                       | 5.2 NAMÉ    | ET ADDRESS  | cee  |
| STREET ADDRESS  |                                |                                       |             |   |  |
| CITY-ST-ZIP   |                                | □ nelete                              | 5.4 CITY-   |   | Change [**] Addition                                 |
| TITLE   |                                | ☐ DELETE                              | 1           |   | ☐ Change ☐ Addition                                  |
| NAME  |                                |                                       | 6.2 NAME    |   |  |
| STREET ADDRESS  |                                |                                       | 0.3 STREE   | ET ADORESS  | 533  |

14. Thereby 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 Date Davime

Daytime Phone #

CR2E034 (11/98)