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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



LLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jun 11 1998 8:00 am Secretary of State

DOCUMENT #	P97	'OOC	0	883	52	(4)	
MICHEL VINCENT, II	NC.						

MICHE	L VINCENT, INC.					
Principal Pla	nce of Business	Mailing Addre	ess			
1340 COLLIF	*	1340 COLLIN				
MIAMI BEAC		MIAMI BEACH				
ļ						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal	Place of Business	2a, Mailing Ad	ddress			10/13/1997 4. FEI Number Applied For
21		26				650787306 - Not Applicable
Suite, Ap	t. #, etc	Suite Apt	#, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & Sla	ate	City & Sta	te			6. Election Campaign Financing \$5.00 May Be
Zip	Country	[28]	<del>-</del>	Country		Trust Fund Contribution
24	25	29	30	n .		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cur					10. Name and Address of New Registered Agent
T	HILLOY, VINCENT			81	Name	
	340 COLLINS AVENUE			82	Street	Address (P.O. Box Number is Not Acceptable)
	IAMI BEACH FL 33139					
,	•			83		
				84	City	<b>■■ 85</b> Zip Code
			· <del></del>		<u> </u>	FL     '
office or agent I	. ( 1)					corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
40		agent and the Bapplicable NND DIRECTORS	(NOTE Ro		ni signature	PATE DATE APPRICACION OF TO OFFICE DO AND DIRECTOR AND DI
12.	<del></del>	and the second second	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MICHEL VALLANT	Llthe	, berr	1.2 NAME		TAILLY VINCENT Change LA Addition
STREET ADDRESS	I am I Have Aller	u.		1.3 STREET	ALIDRESS	1340 COLLINS AVENUE
CITY-ST-ZIP	MUDIAN BLACK			1.¢ Cl] Y - S	1-71P	MIAMI BRACH 33140 FLA
TITLE	1		DELETE	2171111		MIAMI BLACH 33140 FLA MANAGER   Change Whaddillor ANN CICCONE 1345 COLLINS AVENUE MIANI BEACH 33140
NAME	THILLOY VINCENT			2 2 NAME		ANN CICCONE
STREET ADDRESS	134 0 Collins AUR	MOUR		23 STREFT	ADDRESS	1343 COLLINS AUCHOR
CITY-ST-ZIP	MIANIBEACH 331	40 FA.	I	2 4 CHY S	37 - <b>Z</b> IP	
TITLE	ANN COCONDO		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	11340 Collin AU	Mil		3 2 NAME		
STREET ADDRESS	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_		3 3 STREET	1	
C(TY-ST-Z(P	MADE beson 3	3) ¥ <u>Ø</u>	DI 116	3.4. CITY - S	31 - 71P	[ Change   Ladies
TITLE		L_I	DELETE	4.1 1111.6		Change () Addition
NAME				4.2 NAME	1000=00	
STREET ADDRESS	)			4.3 STREET		
CITY-ST-ZIP TITLE			DELLIE	4.4 CHY-S 5.1 TITLE	1-24	Change Addition
NAME		lmad		5.2 NAME		
STREET ADDRESS				5.7 NAME 5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - S		
TITLE			DELT TE	61 TILLE		☐ Change ☐ AddiJior
NAME				6.2 NAME		100002558731
STREET ADDRESS				63 STREET	ADDRESS	-06/12/9881087017 <b>/ //</b> "
CITY-ST-ZIP				64 CHY-S	- 1	***150.00

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 supplied entitle annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

4. 65