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

Secretary of State **DIVISION OF CORPORATIONS**

P97000094150 (4)

VIJEMA, INC.

Principal	Place	of I	Busine	SS

Mailing Address

FILED Aug 20 1998 8:00am Secretary of State



SZYNE. SALEEBY & SALEH. P.A. 1 S.E. 3RD AVE. SUITE 2150 MIAMI FL WZYNE. SALEEBY & SALEH. P.A. 1 S.E. 3RD AVE. SUITE 2150 MIAMI FL								DO NOT 3. Date incorporated or Qua 11/03/1997	WRITE IN 1	THIS SPA	CE		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			Applied Fo	Or .	
21 26							65-083976	7		Not Applic			
			Suite, Apt. #, etc.			5. Certificate of Status Desli	i fo		B.75 Addition Fee Required				
City & Stat								Election Campaign Finan Trust Fund Contribution	cing		5.00 May Be		
Zip						Countr	у	8. This corporation owes or has paid the current year Intengible					
24	Ì	25		29	- The stripe stripe and the stripe a								
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								ıt				
ZYN	E, PHILIP M	i			•	8	i N	lame					
1 S.E. 3RD AVE. SUITE 2150 MIAMI FL						82	2 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL				В:	3								
						84	1 C	ity			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													_
L	Signature, typed	or printed name of re					Agent	gent signature required when reinstating) DATE					
12.		OFFI	CERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO	OFFICERS			
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STREET ADDRESS	•					6.3 STREE		RESS					
CITY-ST-ZIP						8.4 CITY-S							

14. I hereby certify that the information supplied with this time 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 cath; that I am an officer or director of the corporation or the receiver of frustee 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 attachated with an address.