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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P980000 9624 1. Corporation Name VESHUA REALTY, INC

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90282 004 \*\*\*150.00

			_				•		
Principal Place	of Business	Mailing Address	10 .	1.0					
2180SW/2 AVENUE, SUITE 104 miami, FLA 33129.									
mimi 15/A 33/29.						DO NOT WRITE IN THIS SPACE			
••.		00.27.				3. Date Incorporated or Qualifed	5/14	198.	
2. Principal Pla	SWIZ AUENU-	2a. Mailing Address 26 /0239St	W13/	Cour.	4.	4. FEI Number 01522	208	Not	plied For t Applicable
Suite, Apt. #	#, e/c.	Suite, Apt. # etc.	, Fl.	4.		5. Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State	Ami, FLA	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 ( Added to	
Zip ,	20 County	Zip	Con	try 1 a		8. This corporation owes the cur	rent year Inta		
24 3310	25 DADE	29 95/09	30	me	•	Personal Property Tax.  10. Name and Address of New	Pagistared (		<u></u>
	9. Name and Address of Current	Registered Agent	$\overline{}$	81 Namale	, ,	A Address of New	vegistered /	- Year	
NAL	IA C. PAYKET	7 CNUEYU	<i>^</i> ・丿	MA	11	AC: NUEVO	<del>)</del>		
2/22	SNW82 Aven	VE HZDE	<b>1</b>	82 Syreet A	Address	(P.O. Box Numbers Not Aecep)	able)		
302			<b>,</b>	83 00	$\frac{1}{1}$	10. []	12/8		
mit	mi pla e	33166		///	777	7/1 / PCOS	3/00	ン 。   anil	<u> </u>
1 / /	7.	• •		84 City			FL	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	utes, the ab	ove-named (	corpora	tion submits this statement for the	purpose of	changing its	registered
office or re agent. I fair	egistered agent, or both, in the State of funding with, and accept the obligat	of Florida. Such change was ions of, Section 607,0505, F	authorized Iorida Statu	by the corpo tes. 🖊	oration's	board of directors, I hereby acce	pt the appoir	nument as reg	gistered
SIGNATURE A	Maria II	LEDO. (MA	FLIA	10.1	X/U (	<i>-νο</i> .)	4/2	9/49	<b>?</b>
SIGNATURE				kgent signature re	equired wh		DATE	DIDECTO	DC (N. 12
_12.	DIESI DEHOFFICERS AN	D DIRECTORS	13.		$\overline{}$	ADDITIONS/CHANGES TO OF	FICERS AN	Change	AS IN 12
TITLE 1	Sirel M. POV	EN A EDELETE	1.1 TIπ.		M	551DEN TUE	<b>V</b> (7).	change	<u> </u>
NAME	2000 GI) 137 A1	(6N1)6	12 NAA		JO	SE F NO	/_L_		
STREET ADDRESS	300 000 12	1 37/76.		REET ADDRESS	102	395W 134 WY	22	181-	
CITY-ST-ZIP	WI TOUR ! W	DELETE		Y-ST-ZIP	2	Amijtla	22/	Change	Addition
TITLE		☐ NETE IE	2.1 TITL	-	. , .	,			
NAME			2.2 NAN						
STREET ADDRESS			1	REET ADDRESS					
CITY-ST-ZIP		[] bci ett		Y-ST-ZIP		<u> </u>		Change	Addition
TITLE		☐ DELETE	3.1 TITL					Change	Addition
NAME			3.2 NAA					•	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		□ nei ete	<del></del>	Y-ST-ZIP				Change	Addition
TITLE		☐ DELETE	4 1 TITL						
NAME			4 2 NA						
STREET ADDRESS			11	REET ADDRESS					
CITY-ST-ZIP		□ NEI ETE	-	Y-ST-ZIP				[] Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM	1				change	
NAME			Ŋ	REET ADDRESS					
STREET ADDRESS			II.	J					ŀ
CITY-ST-ZIP		□ DELETE	6.1 TITL	Y-\$T-ZIP				Change	Addition
TITLE		☐ DELETÉ	6.2 NAM					L.J. Griange	
NAME			li	REET ADDRESS					
STREET ADDRESS			l l						
CITY-ST-ZIP			₽ 6.4 C/T	Y-ST-ZIP					1

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 an attachment with an address, with all other like empowered.

SIGNATURE: