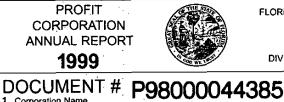
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

5850 CW 84 ST.

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

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VERA GARDENS, INC. Mailing Address Principal Place of Business

5850-SW-84-ST. MIAMI FL 33143 MIAMI FI 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 0834 65 5860 5W 845+ Not Applicable 26 5860 <u>న సు</u> 8454 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required City & State \$5,00 May Be City & State 6. Election Campaign Financing MIAM Trust Fund Contribution Added to Fees HIAMI 28 Country Zip 8. This corporation owes the current year Intangible Country DADE □No 33143 Personal Property Tax. 3314 23 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARIANI, KIMBER L Street Address (P.O. Box Number is Not Acceptable) 82 5860 SW 5850,SW-84-ST. **MIAMI FL 33143** 83 85 Zip Code 84 City 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 applicate with, and accept the obligations of, Section 607.0505, Florida Statutes. 4-6-99 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change ☐ Addition ☐ DELETE 1.1 TITLE IIILE 1.2 NAME NAME MARIANI, KIMBER L 5860 50 84 5t 1.3 STREET ADDRESS 5860 STREET ADDRESS 5650 SW-84-6T-84 St **MIAMI FL 33143** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLÉ 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034