

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

0236834

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

05-06-1999 90090 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000067534

1. Corporation Name  
VERA INVESTMENT, INC.



Principal Place of Business 3110 SW 102ND AVENUE MIAMI FL 33165	Mailing Address 3110 SW 102ND AVENUE MIAMI FL 33165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3421 S.W. 107 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 3421 S.W. 107 Ave. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/03/1998	4. FEI Number 65-0856754	Applied For Not Applicable
22 City & State 23 Miami FL	27 City & State 28 Miami FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 33165 25 U.S.	29 Zip 33165 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent		
81 Name	VERA, MANUEL G.			
82 Street Address (P.O. Box Number is Not Acceptable)	3421 S.W. 107 Ave.			
83				
84 City	Miami	85 State	FL	86 Zip Code
				33165

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: *Manuel G. Vera* DATE: 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE	D VERA, MANUEL G. <input type="checkbox"/> DELETE	1.1 TITLE	D VERA, MANUEL G. JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERA, MANUEL G.	1.2 NAME	VERA, MANUEL G. JR.
STREET ADDRESS	3110 SW 102ND AVENUE	1.3 STREET ADDRESS	16008 S.W. 83 TERR
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Miami FL 33193
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D VERA, EVA V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VERA, EVA V.
STREET ADDRESS		2.3 STREET ADDRESS	3110 S.W. 102 Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33165
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D PRADO, MARIA T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PRADO, MARIA T.
STREET ADDRESS		3.3 STREET ADDRESS	13224 S.W. 40 TERR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33175
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 of the estate 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.

SIGNATURE: *Manuel G. Vera* DATE: 4/20/99 Daytime Phone #: 305-2246210

CR2E034 (11/98)