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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000070412**1. Corporation Name

VIMENCARGA, INC.

Principal Place of Business Mailing Address

8110 N.W. 66TH STREET MIAMI FL 03166 8110 N.W. 66TH STREET MIAMI FL 33166

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90298 011 ***150.00



MICHIEL COLO	MINMI (L 33100				DO NOT WRITE IN THIS SPACE			
1						3. Date incorporated or Qualifed		
! !						08/12/1998		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	/	Apolied For
21		26				65-0863879	1	Vot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	/.dditional
22	-	27	-			5 Certificate of Status Desired		Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	May Be
23	-	28				Trust i-und Contribution	•	d to Fees
Zip	Country	Zip	Co	untry		This corporation owes the current year.		
─	25		30			Personal Property Tax.	ar intangible □ Yes	□No
24	9. Name and Address of Curre	29 29 Accept	1301	-1		10. Name and Address of New Regist		
	9. Name and Address of Cure	II. Registereo Agent		81	Name	To. Maine and Address of New Kegist	enia Agent	-
GALLARDO, GILDA				"	Name			
•				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
8110 N.W. 66TH STREET								
MAIM	MI FL 33166			83				
				84	City		85 Zip	Code
							FL " - '	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	tes, the	above	-named ccrpo	ration submi s this statement for the purpo	se of changing i	ts registered
office of the	egistered agent, or both, in the State im familiar with, and accept the obligi	e of Florida. Such change was ations of Section 607 0505. F	งเกอกขอ Ionda Sta	o by i	ne corporation	n's board of directors. I hereby accept the	appointment as	reg sterea
·	The contract that the contract the contract	21,010 21,000,011 00,10000,1	7.1.2.2 010					
SIGNATUFE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E: Registere	ed Agent	signature required	when reinstating) DA	re —	
12.		NO DIRECTORS	13	. —		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	OF:S IN 12
TITLE	PD	☐ DELETE	1.1	ULLE			☐ Change	Addition
NAME	CAPELLAN, VICTOR MENDEZ		121	NAME	1			
	8110 N.W. 66TH STREET							
STREET ADDRE 3S					ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		_	CITY-ST	-ZIP			T A Jacob
TITLE !	VPD	☐ DELETE	2.1	TITLE			☐ Change	e
NAME	MENDEZ SABA, GISELLE		221	NAME				
STREET ADDRE 3S	8110 N.W. 66TH STREET		2.3 5	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		2.4	CITY-ST	r-ZIP			
TITLE	SD	☐ DELETE	-	TITLE			☐ Change	Addition
NAME	PACHECO, VICTOR JOSE		321	NAME				
	8110 N.W. 66TH STREET				ADDRESS			
STREET ADDRESS					l l			
CITY-ST-ZIP	MIAMI FL 33166			CITY- ST	-2112		Change	Addition
TITLE		☐ DELETE		TITLE			∪ criange	
NAME			4 2	NAME	Ì			
STREET ADDRESS					ARROTTO I			
			4.3 5	STREET	ADDRESS			
CITY-ST-ZIP			1	STREET,	- '			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 (- '		Change	Addition
		☐ DELETE	5.11	CITY-ST	- '		Change	Addition
TITLE NAME		☐ DELETE	5.11 5.21	CITY-ST- FITLE NAME	- '		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.11 5.21 5.33	CITY-ST- FITLE NAME STREET	-ZIP ADDRESS		☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.11 5.21 5.33 5.40	CITY-ST- FITLE NAME STREET	-ZIP ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.11 5.21 5.33 5.40 6.11	CITY-ST- FITLE NAME STREET A CITY-ST-	-ZIP ADDRESS		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.11 5.21 5.35 5.40 6.11 6.21	CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME	-ZIP ADDRESS -ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.11 5.21 5.35 5.40 6.11 6.21	CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME	-ZIP ADDRESS			

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further destrib 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 orath; that I am an officer or director of the corporation or the repeiver 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

305 99Y 1Y39 (aytime Phone #