## 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 # P98000071964

V & V MANUFACTURING, INC.

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90227 028 ***150 00

|--|--|--|--|

Principal Plac	ce of Business	Mailing Address				111 (0001 11810 18110 1	)
11780 U.S. HIGHWAY ONE 11780 U.S. HIGHWAY SUITE 300 SUITE 300 NORTH PALM BEACH FL 33408 NORTH PALM BEACH				DO NOT WRITE IN TH	IS SPACE		
MOITH FACIN	DEROTT E SOS				3. Date Incorporated or Qualifed 08/18/1998		
2. Principal F	Place of Business	2a. Mailing Address	 ;		4. FEI Number	X Apr	clied For
21		26			Applied For	Not	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	C.		5. Certificate of Status Desired	\$8.75 A Fee Rei	
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00   Added to	- 1
Zip	Cour try	Zip	Cou	ntry	8. This corporation owes the current year		
24	25		30		Persor al Property Tax.		[]No
	9. Name and Address of	of Current Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			;
FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY ONE			82 Street Acd	ress (P.O. Box Number is Not Acceptable)			
į.	TE 300			83			
NOF	rth Palm Beach fl 33	408		84 City	<del></del>	. 85 Zip C	- de
]			,	84 City	F	:L   22   24	,,,,,,
office cr	registered agent or holb in t	s 607.0502 and 607.1508, Florida the State of Florida. Such change the obligations of, Section 607.050	was authorized	i by the corporati	poration submits this statement for the purpose on's board of cirectors. I hereby accept the ap	of changing its pointment as req	registered g stered
SIGNATURE		Total Albert de controlle	(NOT : Projectored	Agent signature require	ed when reinstating) DATE		
	Signature, typed or printed name of re	CERS ANI DIRECTORS	(NOT1:: Registered	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	FS IN 12
TITLE	IDPS SITE	DELE		TLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
NAME	Vladimir A.	Berdichevskiy ide Dr., Bay #1	1.2 NA	AME			1
STREET ADDRESS				REET ADDRESS			\
	' Palm Beach G	ardens, FL 3341	LU	TY-ST-ZIP			
TITLE	DIADU	· DELE				Change	☐ Addition
NAME	DVPT Vinh Phan	_	2.2 N				i
PROPERT ADDRESS	10475 Rivers	side Dr., Bay #1		FREET ADDRESS			
	Palm Beach G	ardens, FL 3341	A .	ITY-ST-ZIP			
CITY-ST-ZIP TITLE	<del></del>	DELE				Change	☐ Addition
NAME			3.2 NA	AMF			
STREET ADDRESS			3381	TREET ADDRESS			
				ITY-ST-ZIP			
CITY-ST-ZIP	<del></del>					Change	Addition
NAME			4 2 N	AME			
STREET ADDRESS			4.3 S1	TREET ADDRESS			į.
1	1			TY-ST-ZIP			
CITY-ST-ZIP		DELE				Change	Addition
NAME			5.2 N	<b>I</b>			
Į.				TREET ADDRESS			\
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP	<del> </del>	DELE				Change	☐ Addition
		_	6.2 N	AME			Ì
NAME STREET ADDRESS				TREET ADDRESS			
	1			ITY-ST-ZIP			
CITY-ST-ZIP	1		I				

14. I hereby certify that the information supplied with this filling 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 attach nent with an address, with a light empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

President