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 # P98000097402

1. Corporation	VESTMENTS, INC.	0097	402								
Principal Place of Business Mailing Address											
14247 SW 165T		1424	14247 SW 165TH STREET								
MIAMI FL 33177		MIAMI FL 33177			DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualifed	TE IN THIS	SPACE		
							11/19/1998				
2 Principal Pl	ace of Business	722	Mailing Address				4 FEI Number		App	lied For	
21	ace of business		26				65-088084	76		Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ac Fee Req		
22 City & State	3	21	City & State			 ~⊊ .g.'	- 6. Election Campaign Financing		\$5.00 N	Jav Be-	
23		28	** *				Trust Fund Contribution	, Ö	Added to	-	
Zip	Country Zip			Country			8. This corporation owes the curr	rent year In		•	
24	25	29	30				Personal Property Tax.		□Yes	XINº	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
HERRERA, MARIO 14247 SW 165TH STREET MIAMI FL 33177				81 82 83	!	Name Street Address (P.O. Box Number is Not Acceptable)					
				84		City	·	FL			
office or o	to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl	ate of Florida	a. Such change was auth	iorized by	/ th	named cor ne corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose o pt the appo	f changing its r intment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if	applicable. (NOTE: Re	gistered Age	nt s	signature requi	red when reinstating)	DATE			
12.	Olginatine, types of princes trained to regard on a special section of the sectio			13.		<u> </u>	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 12	
TITLE	D DELET		☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	HERRERA, MARIO			1.2 NAME							
STREET ADDRESS 14247 SW 165TH STREET					1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33177				ST-2	ZIP					
TITLE	☐ DELETE			2.1 TITLE			16		Change	Addition	
NAME				2.2 NAME		7	Delooral R. He	ردور	a		
STREET ADDRESS				2.3 STREE	TA	DORESS \	4247 500 165 5	4cees	+		
CITY-ST-ZIP				2. 4 CITY-5	ST-	ZIP C	niami Florida	331	17	_	
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME	ح دیا در و ایلساد		× - · · · ·	3.2 NAME			÷ •	• •			
STREET ADDRESS				3.3 STREE	ŦΑ	DORESS					

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 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 otherwise empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TWEED OR PRINTED WAME OF SIGNING OFFICER ON DIRECTOR

3/30/99 (305) 255-169

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 005 ***150.00

CR2E034 (11/98)

☐ Addition

☐ Addition

Addition

☐ Change

Change

☐ Change