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

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90084 002 ***150.00

DOCUMENT # **P98000099759**

VAELECA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address			
ooo COCOPLUM CIRCLE	3996 COCOPLUM CIRCLE			
COCONUI CREEK FL 33063	COCONUT CREEK FL 33063		DO NOT WRITE II	N THIS SPACE
			3. Date Incorporated or Qualifed	
			12/01/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 13359 NW 7th ST	13352 NI	N 7th ST		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
23 PLANTATION, FL	City & State	10N, FZ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 333 25 25 Country SA	29 333325 3	Country	This corporation owes the current y Personal Property Tax.	year Intangible ☐ Yes ☐ No
9. Name and Address of Current			10. Name and Address of New Regi	stered Agent
		81 Name		
MENENDEZ, ENRIQUE		82 Street Addr	Enrique Menendez	
3996 COCOPLUM CIRCLE		000171.001	13352 NW 7th Street	<u>.</u>
COCONUT CREEK FL 33063		83	Plantation FL 33325	
		84 City	à	85 Zip Code
-		- •	and the same of th	_ FL
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose's board of directors. I hereby accept the	pose of changing its registered appointment as registered
agent. I am familiar with, and accept the obligat	lons of, Section 607.0505, Florid	a Statutes.	bird Bodie of directors. I floreby decopt an	> 100
1 1 0 Ma6	.1		2/	23/99
SIGNATURE Signature of Signature of redistrict August Signature of Residual August Signature of Resi	NAMe little if applicable. (NOTE: Ro	egistered Agent signature require		23/99
SIGNATURE Signature (Med on Aud Jame of redshift) 12. OFFICERS AN	New little if applicable. (NOTE: R	egistered Agent signature require	d when reinstatung) ADDITIONS/CHANGES TO OFFICE	
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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 approach, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR