## 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 # P98000102312

1. Corporation Name

**V&T INVESTMENTS, INC.** 

	7										
Principal Place of Business Mailing Address											
2503 21ST STREET 2503 21ST STREET TAMPA FL 33605 TAMPA FL 33605								DO NOT WRI	TE IN THIS	SPACE	
								3. Date Incorporated or Qualifed			
								12/07/1998			ļ
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		X Ap	oplied For
21		l	26							No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Contiferate of Status Desired		\$8.75	Additional	
22		Ì	27					5. Certifcate of Status Desired		Fee Re	equired
City & Stat	te	City & State					6. Election Campaign Financing	П	\$5.00		
23			28					Trust Fund Contribution		Added 1	to Fees
Zip	Coun	itry	Zip		ountry	,		8. This corporation owes the curr	rent year Int		
24	25		29	30		·-····		Personal Property Tax.		☐ Yes	No
	9. Name and Add	ress of Current R	egistered Agent					10. Name and Address of New	Registered	Agent	
LUÒD	ANO IOCE V				81	Nam	9				•
LUBRANO, JOSE V 2503 21ST STREET					82	Stree	t Addre	ress (P.O. Box Number is Not Acceptable)			
				L							
IAMP	PA FL 33605				83						
					84	City				85 Zip (	Code
	. P. 1 - 1					<u></u>			FL	<u> </u>	
11. Pursuant	to the provisions of Se	ections 607.0502 a	ind 607.1508, Flori	ida Statutes, the	abov zed by	e-name the cor	d corpo	pration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing its intment as re	registered
agent. I a	m familiar with, and ac	copt the obligation	ns of, Section 607.	0505, Florida S	tatutes	),	porduo	,	-/-	/	- 1
SIGNATURE	Most.	who							4/15/	185	{
	Signature typed or printed na				<u>_</u> _	nt signatur	e required	when reinstating)	DATE	ID DIBECTO	3DC IN 12
12.		OFFICERS AND I			3.		_	ADDITIONS/CHANGES TO OF	FICERS AI	\(\frac{\text{\text{D} \text{D} \text{IRECTC}}{\text{C} \text{Change}}\)	Addition
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NAME	GARRIDO,	MARIO		· ·	2 NAME						
STREET ADDRESS		y 51,	_			TADDRES	s				ļ
CITY-ST-ZIP	TAMPA, 1	1. 33607	<u>,                                     </u>		4 CITY- S	T-ZIP	+			Change	Addition
TITLE	VST				1 TITLE					Change	Addition
NAME	JOSE V.	LUBRAYO			2 NAME						
STREET ADDRESS	910 W. Co	/wbus D.	<i>1</i> .	2.	3 STREE	TADDRES	s				Į
CITY-ST-ZIP	Tuyos,	c1, 3360;	<b>7</b>		4 CITY-	ST-ZIP		<u></u>			- Addition
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NAME				3.	2 NAME						
STREET ADDRESS				3.	3 STREE	T ADDRES	s				
CITY-ST-ZIP					A. CITY-S	ST-ZIP		······································			
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NAME				4	2 NAME						
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CITY-ST-ZIP					4 CITY-S	T-ZIP	4				ا منطال د م ۲۰۰۱
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NAME					2 NAME						
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TITLE			c		1 TITLE		İ			Change	☐ Addition
NAME					2 NAME						
PERFECT ADDRESS	.[			6	3 STREE	TADDRES	s l				

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 other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 14, 1999 8:00 am Secretary of State

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