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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1996

S50790

(2)

DOCUMENT # 1. Corporation Name

V & T ORCHIDS, INC.

Principal Place of Business Mailing Address



7464 SOUTHWEST 48TH STREET. SUITE 24 MIAMI FL 33155			7464 SOUTHWEST 48TH STREET. SUITE 24 MIAMI FL 33155		3. Date Incorporated or Qualified	3a. Date o		•	
		on in the second state of the second			04/26/1991 4. FEI Number	05/	/01/199 ^	l <b>b</b> .pplied For	
_ <b>2.</b> Principal Plac 21	ce of Business SAMB	2a. Mailing Addr	°SAME		65-0258376			ipplied For lot Applicable	
Suite, Apt. #		Suite, Apt. #			5. Certificate of Status Desired		\$8.75	Additional tequired	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			) May Be to Fees	
Zip 24	Country 25	Ζφ <b>29</b>	(Cou	ntry	This corporation has liability for i     Florida Statutes	[]] No		199.032.	
	9. Name and Address of Curr	and the state of t			10. Name and Address of New R	egistered A	gent		
				81 Name	SAMP.				
HALELAMIEN, VERAPONG 7464 SOUTHWEST 48TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 24 MIAMI FI	4			83 Oity			<b>85</b> Zip	Code	
						FL	'		
or registere familiar witi SIGNATURE	ed agent, or both, in the State of FI h, and accept the obligations of, Se V F R A P O M G	orida Such change was ection 607,0505, Florida HALF LAMU	authorized by the o	poralion's boa	oration submits this statement for the pur grd of directors. I hereby accept the appx 4 - 30	ointment as r	egistered	agent. I am	
	Signature, typed or printed name of registered at	contract to the second contract of the second	(৭০)চ. চিন্তু-চলট্ড	Agent effication require	ed which reinstating): ADDITIONS/CHANGES TO OFF	PATE PERSONALITY	DIDECTO	DQ INI 19	
12.	OFFICE AS 7	AND DIRECTORS	<b>13.</b> EIE 1.13	11.5	ADDITIONS/CHANGES TO OFF		Change	Addition	
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NAME	HALELAMIEN, VERAPONG			HEE! AUDRESS	SAMZ				
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certity that the information indicated on this animal report or supplemental animal report is true and accurate and that my signature shall have the same regarded as it made thick oath; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

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