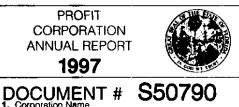
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

V & T ORCHIDS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

FILED Sep 22 1997 8:00am Secretary of State

Principal Plac	e of Rusiness	Mailing Addre						
Principal Place of Business Mailing Address 7484 SOUTHWEST 48TH STREET. SUITE 24 7464 SOUTHWEST 48TH STR MIAMI FL 33155 MIAMI FL 33155				t. Sui	TE 24			
						DO NOT WRITE		
						3. Date Incorporated or Qualified 04/26/1991	3a. Date of Last Report 05/01/1996	
21	lace of Business	26	·			4. FEI Number 65-0258376	Applied For Not Applicable	
Suite, Apt.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stet	e	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		Country	,	8. This corporation owes or has pai	d the current year Intangible	
24	25	29	30	-,		Personal Property Tax due June		
		of Current Registered Agen	l		T 11	10. Name and Address of New Re	gistered Agent	
	LELAMIEN, VERAPONG	TOPPT		81	Name			
	84 So uthwest 48th S Ite 24	INEE			Street Addr	Iress (P.O. Box Number is Not Acceptable)		
14	MI FL 33155			83				
1716	um 1 E 00100							
				84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as r								
agent. I a	m familiar with, and accept	the obligations of, Section 60	7.0505, Florida S	Statute	3.	,		
SIGNATURE	Signature, typed or printed name of ru	and the day of any late Hands abla	(NOTE: Book	torad Age	et elegature son de	ed when reinstating)	DATE	
12.		CERS AND DIRECTORS		3.	all giðirðinns tedom	ADDITIONS/CHANGES TO OFFIC		
TITLE	0	DELETE 1.1		1 TITLE			Change Addition	
NAME	HALELAMIEN, VERAPONG		2 NAME					
STREET ADDRESS	7464 S.W. 48TH ST.,	SUITE 24	1.	3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.	4 CHY-S	IT-ZIP			
TITLE			DELETE 21				☐ Change ☐ Addition	
NAME		2		2 NAME				
STREET ADDRESS			2	3 STREET	ADDRESS			
CITY-ST-ZIP				4 CITY-	ST - ZIP			
TITLE		L.J		1 TITLE			☐ Change ☐ Addition	
NAME				2 NAME			•	
STREET ADDRESS				,	ADDRESS			
CITY-ST-ZIP TITLE				4. CITY-5 1 TITLE	S1 - ZIP		Change Addition	
NAME		L		2 NAME			L. Change L. Auditor	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4 CITY - S				
TITLE				1 TITLE	. 20		Change Addition	
NAME		_		2 NAME			<u> </u>	
STREET ADDRESS					ADDRESS			
CITY-\$T-ZIP				4 CITY - S				
TITLE	<u></u>			1 TITLE			☐ Change ☐ Addition	
NAME			6.3	2 NAME				
STREET ADORESS			6.3	3 STREET	ADDRESS			

14. I do 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.

6.4 CITY-ST-ZIP