

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra O. McInnes
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77690** (3)

1. Corporation Name

VIP SYSTEMS CORPORATION

Principal Place of Business

**1801 N.W. 7TH STREET
SUITE 1
MIAMI FL 33125**

Mailing Address

**1801 N.W. 7TH STREET
SUITE 1
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0284912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21 1801 NW 7 STREET

2a. Mailing Address

26 1801 NW 7 STREET

Suite, Apt. #, etc.

22 SUITE 8

Suite, Apt. #, etc.

27 SUITE 8

City & State

23 MIAMI

City & State

28 MIAMI

24 33125

Country

25 NONE

29 33125

Country

30 NONE

9. Name and Address of Current Registered Agent

**PORTILLA, WILLIAM
1801 N.W. 7TH STREET, #1
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name

PORTILLA, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)

1801 NW 7 ST

83

SUITE 8

84

MIAMI

FL

85 33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the corporation

Signature of the registered agent (signature required after filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

DPS

NAME

PORTILLA, WILLIAM

STREET ADDRESS

1801 N.W. 7TH STREET, #1

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(4)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:

[Signature]

Signature and typed or printed name of signing officer or director

4-26-95 (305-649-5771)