Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90212 008 ***150.00

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 # **\$79254**

1. Corporation Name

V.J. HOLIDAY CORP.

	•				
Principal Place of Business Mailing Address					() *** 18 19 18 18 18 18 18 18
250 POINCIANA ISLAND DR.		250 POINCIANA ISLAND DR.			
MIAMI FL 33160		MIAMI FL 33160			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
	•				09/09/1991
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 Philospai Fi	ace of business	26			65-0349202 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	., 500.	27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. X Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			{	Name	
	CHNIUK, SANTIAGO		h	32 Street Ad	Idress (P.O. Box Number is Not Acceptable)
	POINCIANA ISLAND DR.			2 Olicer Ad	autoss (1 .O. Dox Hamber to Het Hesephane)
MIAN	MI FL 33160		Ī	33	
	•		-	34 City	85 Zip Code
			`	City	FL 85 Zip Code
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	, the abo	ove-named copy the corpora	propretion submits this statement for the purpose of changing its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was auth	, the abo	ove-named copy the corpora	FL
office or re agent. I a	egistered agent, or both, in the State on the state of the obligation of the obligat	of Florida. Such change was authions of, Section 607.0505, Florid	, the abo norized l la Statut	ove-named copy the corporates.	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
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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 address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

☐ Addition

Addition