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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09877

(4)

VCC DEVELOPMENT CORP.

FILED
Jul 30 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			, soder arrart aufra iftibt iftit fontt ifft filet fiftt bibli bibli bibli bibli fift			
7300 \$ W 79TH \$TREET MIAM! FL 33143		7300 S W 79TH STREET							
MIAME PL 331	N	MIAMI FL 33143			DO NOT WRITE	IN THIS	SPACE		
•					3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/29/1992	,			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For	
21		26	26		65-0315038		N	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Ø	\$8.75	Additional	
22		27			b. Certificate of Status Desired		Fee F	Required	
City & State		— <i>⊢</i> ¬ ′	City & State		6. Election Campaign Financing	_	\$5.00	May Be	
23		28	Country		Trust Fund Contribution			to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has pa				
24 25 29 39 30 30 30 30 30 30 30 30 30 30 30 30 30			[30]		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent				
CALVO, VICTOR				81 Name					
7300 S W 79TH STREET			Ľ	744.110					
MIAMI FL 33143			82	Street /	dress (P.O. Box Number is Not Acceptable)				
1714	um 1		83	1					
			84	City		FL	85 Zip	Code	
11. Pursuant i	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abov	/e-named	corporation submits this statement for the p	nurnose o	changing	its registered	
OFFICE OF F	egi ste red agent, or both, in the Sti m familiar with, and accept the ob	ate of Florida. Such change was r	iulborizad r	w the corn	poration's board of directors. I hereby accept	ot the app	ointment as	s registered	
SIGNATURE	VICTOR CALV		nou black						
SIGNATURE Storture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is					required when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	CALVO, VICTOR		1.2 NAME						
STREET ADDRESS	7300 SW 79TH STREET		1.3 STREE	T ADDRESS			÷		
CITY-ST-ZIP	MAMI FL		1.4 CITY-ST-ZIP						
TITLE	CALMO ANIMICATE	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	CALVO, ANNETTE 7300 SW 79 STR		2.2 NAME						
STREET ADDRESS	MAMIFL		2.3 STREE	t address					
CITY-ST-ZIP	MICANI EF	Drugge	2. 4 CITY	ST-ZIP					
TITLE	☐ DELETE		3.1 TITLE				☐ Change	Addition	
NAME DZOSSZ ADDOSSOS			3.2 NAME	1					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP			Change	Addition	
NAME		Official	4.7 IIILE 4.2 NAME				T CHANGE	L. AUGRON	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.3 STREE						
TITLE		DELETE	51 TITLE	31 · ZIF			Change	Addition	
NAME			52 NAME				crunyo		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE	<u>, –</u>	☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	ł					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			6.4 CITY-1	1					
14. I do hereb	by certify that the information supp	lied with this filing does not qualif	v for the exe	motion st	ated in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
miormation I am an of	i indicated on this annual report of the corporation	r supplemental annual report is tr	ue and acc ered to exe	urate and oute this re	that my signature shall have the same lega eport as required by Chapter 607, Florida S	i effect as tatutes; a	if made un nd that my	ider oath; that name	
appears in	Block 12 or Block 13 if charges	an attachment with an add	ress.		, , , , , , , , , , , , , , , , , , , ,				