SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

DOCUMENT #
1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

VCC DEVELOPMENT CORP.

FILED lCOct 14 1998 8:00am Secretary of State



Principal Plac	e of business	Mailing Address				•
7300 S W 79TH STREET		7300 S W 79TH STREET				
MIAMI FL 3314	3	MIAMI FL 33143			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	THE THIS STAGE
					01/29/1992	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 4554 SW 7/AVE. 26 4554.			iw 71 Ave.		65-0315038	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 MIA	Mi Fl.	28 MIAMI F	1.		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ŠA-	8. This corporation owes or has pale	d the current year Intangible
24 3315		1 1	30 L	/フル 	Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent		41 11	10. Name and Address of New Reg	gistered Agent
CALVO, VIC TOR				Name (PALVO, VICTOR	
7300 S W 79TH STREET					dress (P.O. Box Number is Not Acceptable	Θ)
MIAN	MI FL 3 3143		-		554 SW 71 AVE.	
			8	3		
			8	4 City	4.	85 Zip Code
				1 M	lami	FL 35155
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 better to 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 to the provisions of section 607.0505, Florida Statutes.						
agent. I am familiar to the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE	REER					9-28-98
40	Signalure, typed or minled name of registered agent			Agent signature re	equired when reinstating)	DATE
12.	PDS OFFICERS AND		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	- C
NAME	CALVO, VICTOR	DELETE	1.2 NAME			Change Addition
STREET ADDRESS	-7000 OW 79TH STREET 455	4 5W 7/AVE		ET ADDRESS		
CITY-ST-ZIP		55	1.4 CITY-			
TITLE	V 75/3	DELETE	2.1 TITLE			Change Addition
NAME	CALVO, ANNETTE	[] DECE 1E	2.2 NAME			Change Addition
STREET ADDRESS	7300 SW 79 STR		1	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME		0	3.2 NAME			Change L. Fredholl
STREET ADDRESS			3.3 STREE	TADDRESS		1
CITY-ST-ZIP			3.4 CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		. 	5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP		
14 I hereby co	write that the information cumplied with the	ale filing does not qualify for the	evemptic	n etated in ea	ection 110 07/3\/i\ Florida Statutes furthe	er cortify that the information

indicated on this annual report or supplied with this liling does not quality for the exemption stated in section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 examination with an address.

LIECHIMPLIA

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