

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # **V13329**

(0)

1. Corporation Name

ETIENNE LANTIER, INC.

MAY 11 1995 8:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1 NORTHEAST FIRST STREET
SUITE 5
MIAMI FL 33132**

**1 NORTHEAST FIRST STREET
SUITE 5
MIAMI FL 33132**

(PLEASE PRINT IN THIS SPACE)

3. Date of Incorporation in Corporation	3a. Date of Last Report
02/10/1992	04/15/1994
4. FIC Number	Applied For / Not Applicable
65-0312705	
5. Certificate of Status Delinquent	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. Have you ever done business with a corporation that was convicted of a crime under Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAGRAND, USA
1 NORTHEAST FIRST STREET
SUITE 5
MIAMI FL 33132**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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 Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D LAGRAND, USA 1 N.E. 1ST ST #5 MIAMI FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
4. NAME	D PEREZ, ROSENDO 1717 NO. BAYSHORE DR, APT. 1746 MIAMI FL 33132	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

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 607.01(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons 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, as an officer with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

5/19/95

305/377-8807

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V14450**

(3)

VMEC STORES, INC.

Principal Place of Business

Mailing Address

4690 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US

4690 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

09/27/1994

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

26 State, Apt. # etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

4. FEI Number

65-0315542

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

11

\$5.00 May Be
Added to Fees

8. This Corporation has applied for exemption from payment of
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, LAWRENCE S
501 BRICKELL KEY DRIVE, #300
MIAMI FL 33131

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 147.0012 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this report. 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Indicate by Change or Addition)

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD CORREA NETO, ANTONIO M	245 S.E. 1ST ST., #222	MIAMI	FL	33131
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Indicate by Change or Addition)

NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME <td>STREET ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP</td>	STREET ADDRESS	CITY	STATE	ZIP
NAME <td>STREET ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP</td>	STREET ADDRESS	CITY	STATE	ZIP
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NAME <td>STREET ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP</td>	STREET ADDRESS	CITY	STATE	ZIP
NAME <td>STREET ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP</td>	STREET ADDRESS	CITY	STATE	ZIP

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 607.0005, Florida Statutes. I further certify that the information included on this annual report or subsequent 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed on an attached sheet with a checkmark.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5915

305-358-0333