

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V17235** (5)

1. Corporation Name

VS INVESTMENT, INC.



Principal Place of Business

**7540 N.W. 5TH STREET
SUITE 1
PLANTATION FL 33317**

Mailing Address

**251 CRANDON BLVD
KEY COLONY #2 APT 1234
KEY BISCAYNE FL 33149
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**ROMERO, CARLOS A., JR
3195 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

02/26/1992

3a. Date of Last Report

01/27/1995

4. FEI Number

65-0393231

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0507 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

Name of Registered Agent (Print or Type Name)

Name of Registered Agent (Print or Type Name)

DATE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
2. NAME	VILLAMIL, SARA	2. NAME	
3. STREET ADDRESS	416 PONCE DE LEON AVE, SUITE 1800	3. STREET ADDRESS	
4. CITY-STATE-ZIP	HATO REY PR	4. CITY-STATE-ZIP	
5. TITLE	D	5.1 TITLE	☐ Change ☐ Addition
6. NAME	VILLAMIL, PATRICIA	6. NAME	
7. STREET ADDRESS	416 PONCE DE LEON AVE, SUITE 1800	7. STREET ADDRESS	
8. CITY-STATE-ZIP	HATO REY PR	8. CITY-STATE-ZIP	
9. TITLE	D	9.1 TITLE	☐ Change ☐ Addition
10. NAME	VILLAMIL, EDUARDO	10. NAME	
11. STREET ADDRESS	416 PONCE DE LEON AVE, SUITE 1800	11. STREET ADDRESS	
12. CITY-STATE-ZIP	HATO REY PR	12. CITY-STATE-ZIP	
13. TITLE	D	13.1 TITLE	☐ Change ☐ Addition
14. NAME	VILLAMIL, JOAQUIN	14. NAME	
15. STREET ADDRESS	416 PONCE DE LEON AVE, SUITE 1800	15. STREET ADDRESS	
16. CITY-STATE-ZIP	HATO REY PR	16. CITY-STATE-ZIP	
17. TITLE	D	17.1 TITLE	☐ Change ☐ Addition
18. NAME	VILLAMIL, ROBERTO	18. NAME	
19. STREET ADDRESS	416 PONCE DE LEON AVE, SUITE 1800	19. STREET ADDRESS	
20. CITY-STATE-ZIP	HATO REY PR	20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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.

SIGNATURE:

Sara Villamil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(809) 754-8108

CR2E034 (12/95)