

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).

0057539

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/26/1992**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 416 Ponce De Leon Ave.**

Suite, Apt. #, etc.

**22 Suite 1800**

City & State

**23 Hato Rey, PR**

Zip

**24 00918**

Country

2a. Mailing Address

**26 PO Box 366006**

Suite, Apt. #, etc.

**27**

City & State

**28 San Juan, PR**

Zip

**29 00936-6006**

Country

**30**

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **VILLAMIL, SARA**  
STREET ADDRESS **416 PONCE DE LEON AVE, SUITE 1800**  
CITY-ST-ZIP **HATO REY PR**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **VILLAMIL, PATRICIA**  
STREET ADDRESS **416 PONCE DE LEON AVE, SUITE 1800**  
CITY-ST-ZIP **HATO REY PR**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **VILLAMIL, EDUARDO**  
STREET ADDRESS **416 PONCE DE LEON AVE, SUITE 1800**  
CITY-ST-ZIP **HATO REY PR**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **VILLAMIL, JOAQUIN**  
STREET ADDRESS **416 PONCE DE LEON AVE, SUITE 1800**  
CITY-ST-ZIP **HATO REY PR**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **VILLAMIL, ROBERTO**  
STREET ADDRESS **416 PONCE DE LEON AVE, SUITE 1800**  
CITY-ST-ZIP **HATO REY PR**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

7/29/98

(787)754-8108

CR2E034 (5/98)