

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

REVISED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GENE B. WYTHON
COMMISSIONER

MAY 1 1995 9:37

DOCUMENT # V21568

(3)

STATE OF FLORIDA
DEPARTMENT OF STATE

V R M EXPORT & IMPORT, INC.

3100 NW 72 DR
SUITE 112
MIAMI FL 33122

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SUITE 112
MIAMI FL 33122

2. Date of Incorporation		2a. Date of Last Report	
21. Fiscal Year		2b. Date of Last Report	
22. State of Incorporation		4. Filing Number	
23. State of Incorporation		5. Certificate of Status Desired	
24. State of Incorporation		6. The fee category (from any local fund contribution)	
25. State of Incorporation		6. The fee category (from any local fund contribution)	
29. State of Incorporation		6. The fee category (from any local fund contribution)	
30. State of Incorporation		6. The fee category (from any local fund contribution)	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
VARILLAS, JAIME 7121 S.W. 11 ST. PEMBROKE PINES FL 33023		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	FL	85. Zip Code	

11. I, the undersigned, president of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P VARILLAS, JAIME 7121 SW 11 ST. PEMBROKE PINES FL 33023	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S VARILLAS, MARGSEIRA 7121 SW 11 ST. PEMBROKE PINES FL 33023	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is substantially true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (303) 984-7223