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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90029 008 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V26245

1. Corporation Name
VECTOR COMMUNICATION NETWORK CORP.

Principal Place of Business

13000 SW 133RD CT
 MIAMI FL 33186
 US

Mailing Address

13000 SW 133RD CT
 MIAMI FL 33186
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1992

4. FEI Number

65-0354924

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 the current year Intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 13392 S.W 128 st.

2a. Mailing Address

26 13392 S.W 128 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FL

Zip

24 33186

Country

25 USA

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

BRAUN, SHIRLEY
 13000 S.W. 133RD COURT
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Oscar Orihuela

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

83 13392 S.W 128 st

84 City MIAMI

FL

85 Zip Code 33186

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

04/08/99

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME ORIHUELA, ENRIQUE
 STREET ADDRESS 13000 SW 133RD CT
 CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D
 NAME BERMUDEZ, MARIA LUISA
 STREET ADDRESS AV. MORRO SOLAR 690 SANTIAGO DE SURCO LIMA
 CITY-ST-ZIP PERU

☒ DELETE

TITLE D
 NAME ORIHUELA, OSCAR
 STREET ADDRESS AV. MORRO SOLAR 690 SANTIAGO DE SURCO LIMA
 CITY-ST-ZIP PERU

☒ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Orihuela, Enrique
 1.2 NAME 13392 S.W 128 st.
 1.3 STREET ADDRESS Miami, FL 33186

☒ Change ☐ Addition

2.1 TITLE Shirley Burin
 2.2 NAME Luis F. Villaran B15
 2.3 STREET ADDRESS Lima 27, Peru

☐ Change ☒ Addition

3.1 TITLE Oscar Orihuela
 3.2 NAME Luis F. Villaran B15
 3.3 STREET ADDRESS Lima 27, Peru

☒ Change ☐ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/08/99 (305) 232-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0264581