

**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

MAY - 1 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V59105** (9)

1. Corporation Name  
**V & E DEVELOPMENT GROUP, INC.**

Principal Place of Business: **9050 SW 8TH ST BOCA RATON FL 33433 US**  
Mailing Address: **9050 SW 8TH ST BOCA RATON FL 33433 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/20/1992**  
3a. Date of Last Report: **06/28/1994**  
4. FEI Number: **65-0357617**  
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. 190.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**LARDANI, VICTOR  
9050 SW 8TH ST  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
B1. Name:  
B2. Street Address (If No Number is Not Applicable):  
B3. City:  
B4. City:  
B5. Zip Code: **FL**

11. Pursuant to the provisions of s. 190.032 and s. 190.033, Florida Statutes, the above named corporation hereby states that the purpose of changing its registered office or registered agent or both in the State of Florida has been accomplished, and the corporation's board of directors, thereby, accept the appointment as registered agent of the individual with and accept the responsibility of the registered agent.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARDANI, VICTOR
STREET ADDRESS	487 NW 36TH AVENUE
CITY & ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	LARDANI, EVA
STREET ADDRESS	487 NW 36TH AVENUE
CITY & ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY & ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY & ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY & ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY & ZIP		

14. I, the undersigned, certify that the information supplied with this report, voluntarily furnished and true and correct, 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 person or persons authorized 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 designated with an addition.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95  
457-0325