

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088766

Entity Name: VERA-WILLIAMSON INVESTMENTS, INC.**Current Principal Place of Business:**300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025**Current Mailing Address:**300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025**FEI Number:** 65-1030360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VERA, LOUIS
300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D/CEO
Name	VERA, LOUIS
Address	300 S. UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33025

Title	VP/D
Name	WILLIAMSON, GEORGE EII
Address	7815 SW 104TH STREET
City-State-Zip:	MIAMI FL 33156

Title	VP/D
Name	WILLIAMSON, GEORGE EIII
Address	7815 SW 104TH STREET
City-State-Zip:	MIAMI FL 33156

Title	VP/D
Name	CRANER, JAMES L
Address	300 S. UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33025

Title	S/T
Name	CRESPO, ALEJANDRO A
Address	300 S. UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS VERA**PRESIDENT****02/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date