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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003994 (8)

VASTORIA, INC.

STREET ADDRESS

appears in Block 12

SIGNATURE:

CITY - ST - ZIP

Principal Place of Business Maiting Address 1801 S. DECATUR BLVD. #26029 1801 S. DECATUR BLVD. #26029 LAS VEGAS NV 89126-0029 LAS VEGAS NV 89102-8518 3. Date Incorporated or Qualified 3a. Date of Last Report 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 88-0356520 Not Applicable 26 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STETSON, BONNIE 4910 PINE RIDGE RD.-1 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33417 83 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Change Addition TITLE DELETE 1.1 TITLE NAME FREID. JOSHUA 1.2 NAME R2E034 1021 W 5TH AVE #12B 1.3 STREET ADDRESS STREET ADDRESS LAS VEGAS NV 89126 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 21 TITLE TITLE NAME TYLER, MARTY 2.2 NAME 4781 E. FLAMINGO RD. #216 STREET ADDRESS 23 STREET ADDRESS LAS VEGAS NV 89103 2 4 City-St-ZiP CITY-ST ZP DELETE Change Addition TITLE 31 TITLE STETSON, BONNIE 3.2 NAME NAME 1801 S. DECATUR BLVD. #26029 STREET ADDRESS 3.3 STREET ADDRESS LAS VEGAS NV 89126-0029 3.4. CITY-ST-ZIP CITY-ST-7/P DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 20P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-SY-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME

14. Ido 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 of 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 profile receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP