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PROFIT CORPORATION **ANNUAL REPORT**



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000058887 (9)

VIRDI INVESTMENTS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7411 MIAMI LAKES DRIVE 7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1993 Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 65-0431735 Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CULLEN, JOHN T 7411 MIAMI LAKES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PS) T Change Addition TITLE 1.1 Till E NAME CULLEN, JOHN T 1.2 NAME **405 ALEXANDRA CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FONDA, DANTE NAME 2.2 NAME STREET ADDRESS 900 16TH ST #109 2.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME COLLINS, RON 3.2 NAME 405 ALEXANDRA CIR STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TOTAL NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change ■ Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 C(1Y - \$1 - ZIP

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 curporation 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 thanged, or on an effective 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 thanged, or on an effective 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 thanged, or on an effective or trustee empowered to execute this report as required by Chapter 607.

4/32/aV